

REPORT OF THE CONFERENCE COMMITTEE
ON SENATE FILE 446

To the President of the Senate and the Speaker of the House of Representatives:

We, the undersigned members of the conference committee appointed to resolve the differences between the Senate and House of Representatives on Senate File 446, a bill for an Act relating to appropriations for health and human services and including other related provisions and appropriations, providing penalties, and including effective, retroactive, and applicability date provisions, respectfully make the following report:

1. That the House recedes from its amendment, S-3217.
2. That Senate File 446, as amended, passed, and reprinted by the Senate, is amended to read as follows:
 1. By striking everything after the enacting clause and inserting:

<DIVISION I

DEPARTMENT ON AGING — FY 2013-2014

Section 1. DEPARTMENT ON AGING. There is appropriated from the general fund of the state to the department on aging for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

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For aging programs for the department on aging and area agencies on aging to provide citizens of Iowa who are 60 years of age and older with case management for frail elders, Iowa's aging and disabilities resource center, and other services which may include but are not limited to adult day services, respite care, chore services, information and assistance, and material aid, for information and options counseling for persons with disabilities who are 18 years of age or older, and for salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 10,600,379
.....	FTEs 28.00

1. Funds appropriated in this section may be used to supplement federal funds under federal regulations. To receive funds appropriated in this section, a local area agency on aging shall match the funds with moneys from other sources according to rules adopted by the department. Funds appropriated in this section may be used for elderly services not specifically enumerated in this section only if approved by an area agency on aging for provision of the service within the area.

2. Of the funds appropriated in this section, \$279,946 is transferred to the economic development authority for the Iowa commission on volunteer services to be used for the retired and senior volunteer program.

3. a. The department on aging shall establish and enforce procedures relating to expenditure of state and federal funds by area agencies on aging that require compliance with both state and federal laws, rules, and regulations, including but not limited to all of the following:

(1) Requiring that expenditures are incurred only for goods or services received or performed prior to the end of the fiscal period designated for use of the funds.

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(2) Prohibiting prepayment for goods or services not received or performed prior to the end of the fiscal period designated for use of the funds.

(3) Prohibiting the prepayment for goods or services not defined specifically by good or service, time period, or recipient.

(4) Prohibiting the establishment of accounts from which future goods or services which are not defined specifically by good or service, time period, or recipient, may be purchased.

b. The procedures shall provide that if any funds are expended in a manner that is not in compliance with the procedures and applicable federal and state laws, rules, and regulations, and are subsequently subject to repayment, the area agency on aging expending such funds in contravention of such procedures, laws, rules and regulations, not the state, shall be liable for such repayment.

4. Of the funds appropriated in this section, \$250,000 shall be used to fund services to meet the unmet needs of older individuals as identified in the annual compilation of unmet service units by the area agencies on aging.

5. Of the funds appropriated in this section, \$600,000 shall be used to fund home and community-based services through the area agencies on aging that enable older individuals to avoid more costly utilization of residential or institutional services and remain in their own homes.

6. Of the funds appropriated in this subsection, \$20,000 shall be used for implementation of a guardianship and conservatorship monitoring and assistance pilot project as specified in this Act.

DIVISION II

OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2013-2014

Sec. 2. OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE. There is appropriated from the general fund of the state to the office of long-term care resident's advocate for the fiscal

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year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 1,021,707
.....	FTEs 13.00

1. Of the funds appropriated in this section, \$200,000 shall be used to provide two additional local long-term care resident's advocates to continue moving toward the national recommendation of one full-time equivalent paid staff ombudsman per 2,000 long-term care beds in the state.

2. Of the funds appropriated in this section, \$210,000 shall be used to provide two local long-term care resident's advocates to administer the certified volunteer long-term care resident's advocate program pursuant to section 231.45, including operational certification and training costs.

DIVISION III

DEPARTMENT OF PUBLIC HEALTH — FY 2013-2014

Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated from the general fund of the state to the department of public health for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. ADDICTIVE DISORDERS

For reducing the prevalence of use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors, including gambling, and for not more than the following full-time equivalent positions:

.....	\$ 27,163,690
.....	FTEs 13.00

a. (1) Of the funds appropriated in this subsection, \$5,148,361 shall be used for the tobacco use prevention

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and control initiative, including efforts at the state and local levels, as provided in chapter 142A. The commission on tobacco use prevention and control established pursuant to section 142A.3 shall advise the director of public health in prioritizing funding needs and the allocation of moneys appropriated for the programs and activities of the initiative under this subparagraph (1) and shall make recommendations to the director in the development of budget requests relating to the initiative.

(2) Of the funds allocated in this paragraph "a", \$75,000 shall be used to develop a social media structure to engage youth and prevent youth initiation of tobacco use. Of the amount allocated in this subparagraph (2), \$25,000 shall be used for a youth summit.

(3) Of the funds allocated in this paragraph "a", \$200,000 shall be used to increase the efficacy of local tobacco control efforts by community partnerships, including through professional development, regional trainings and round table planning efforts, and a training opportunity involving all community partnerships.

(4) Of the funds allocated in this paragraph "a", \$1,200,000 shall be used to promote smoking cessation and to reduce the number of tobacco users in the state by offering nicotine replacement therapy to uninsured and underinsured Iowans.

(5) (a) Of the funds allocated in this paragraph "a", \$453,067 is transferred to the alcoholic beverages division of the department of commerce for enforcement of tobacco laws, regulations, and ordinances and to engage in tobacco control activities approved by the division of tobacco use prevention and control as specified in the memorandum of understanding entered into between the divisions.

(b) For the fiscal year beginning July 1, 2013, and ending June 30, 2014, the terms of the memorandum of understanding, entered into between the division of tobacco use prevention

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and control of the department of public health and the alcoholic beverages division of the department of commerce, governing compliance checks conducted to ensure licensed retail tobacco outlet conformity with tobacco laws, regulations, and ordinances relating to persons under eighteen years of age, shall restrict the number of such checks to one check per retail outlet, and one additional check for any retail outlet found to be in violation during the first check.

b. Of the funds appropriated in this subsection, \$22,015,329 shall be used for problem gambling and substance-related disorder prevention, treatment, and recovery services, including a 24-hour helpline, public information resources, professional training, and program evaluation.

(1) Of the funds allocated in this paragraph "b", \$18,903,715 shall be used for substance-related disorder prevention and treatment.

(a) Of the funds allocated in this subparagraph (1), \$899,300 shall be used for the public purpose of a grant program to provide substance-related disorder prevention programming for children.

(i) Of the funds allocated in this subparagraph division (a), \$427,539 shall be used for grant funding for organizations that provide programming for children by utilizing mentors. Programs approved for such grants shall be certified or will be certified within six months of receiving the grant award by the Iowa commission on volunteer services as utilizing the standards for effective practice for mentoring programs.

(ii) Of the funds allocated in this subparagraph division (a), \$426,839 shall be used for grant funding for organizations that provide programming that includes youth development and leadership. The programs shall also be recognized as being programs that are scientifically based with evidence of their effectiveness in reducing substance-related disorders in children.

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(iii) The department of public health shall utilize a request for proposals process to implement the grant program.

(iv) All grant recipients shall participate in a program evaluation as a requirement for receiving grant funds.

(v) Of the funds allocated in this subparagraph division (a), up to \$44,922 may be used to administer substance-related disorder prevention grants and for program evaluations.

(b) Of the funds allocated in this subparagraph (1), \$272,603 shall be used for culturally competent substance-related disorder treatment pilot projects.

(i) The department shall utilize the amount allocated in this subparagraph division (b) for at least three pilot projects to provide culturally competent substance-related disorder treatment in various areas of the state. Each pilot project shall target a particular ethnic minority population. The populations targeted shall include but are not limited to African American, Asian, and Latino.

(ii) The pilot project requirements shall provide for documentation or other means to ensure access to the cultural competence approach used by a pilot project so that such approach can be replicated and improved upon in successor programs.

(2) Of the funds allocated in this paragraph "b", up to \$3,111,614 may be used for problem gambling prevention, treatment, and recovery services.

(a) Of the funds allocated in this subparagraph (2), \$2,573,762 shall be used for problem gambling prevention and treatment.

(b) Of the funds allocated in this subparagraph (2), up to \$437,852 may be used for a 24-hour helpline, public information resources, professional training, and program evaluation.

(c) Of the funds allocated in this subparagraph (2), up to \$100,000 may be used for the licensing of problem gambling treatment programs.

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(3) It is the intent of the general assembly that from the moneys allocated in this paragraph "b", persons with a dual diagnosis of substance-related disorder and gambling addiction shall be given priority in treatment services.

c. Notwithstanding any provision of law to the contrary, to standardize the availability, delivery, cost of delivery, and accountability of problem gambling and substance-related disorder treatment services statewide, the department shall continue implementation of a process to create a system for delivery of treatment services in accordance with the requirements specified in 2008 Iowa Acts, chapter 1187, section 3, subsection 4. To ensure the system provides a continuum of treatment services that best meets the needs of Iowans, the problem gambling and substance-related disorder treatment services in any area may be provided either by a single agency or by separate agencies submitting a joint proposal.

(1) The system for delivery of substance-related disorder and problem gambling treatment shall include problem gambling prevention.

(2) The system for delivery of substance-related disorder and problem gambling treatment shall include substance-related disorder prevention by July 1, 2014.

(3) Of the funds allocated in paragraph "b", the department may use up to \$100,000 for administrative costs to continue developing and implementing the process in accordance with this paragraph "c".

d. The requirement of section 123.53, subsection 5, is met by the appropriations and allocations made in this Act for purposes of substance-related disorder treatment and addictive disorders for the fiscal year beginning July 1, 2013.

e. The department of public health shall work with all other departments that fund substance-related disorder prevention and treatment services and all such departments shall, to the extent necessary, collectively meet the state

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maintenance of effort requirements for expenditures for substance-related disorder services as required under the federal substance-related disorder prevention and treatment block grant.

2. HEALTHY CHILDREN AND FAMILIES

For promoting the optimum health status for children, adolescents from birth through 21 years of age, and families, and for not more than the following full-time equivalent positions:

.....	\$ 3,653,559
.....	FTEs 14.00

a. Of the funds appropriated in this subsection, not more than \$734,841 shall be used for the healthy opportunities for parents to experience success (HOPES)-healthy families Iowa (HFI) program established pursuant to section 135.106. The funding shall be distributed to renew the grants that were provided to the grantees that operated the program during the fiscal year ending June 30, 2013.

b. In order to implement the legislative intent stated in sections 135.106 and 256I.9, that priority for home visitation program funding be given to programs using evidence-based or promising models for home visitation, it is the intent of the general assembly to phase in the funding priority in accordance with 2012 Iowa Acts, chapter 1133, section 2, subsection 2, paragraph "0b".

c. Of the funds appropriated in this subsection, \$1,327,887 shall be used for the department's initiative to provide for adequate developmental surveillance and screening during a child's first five years statewide. The funds shall be used first to fully fund the current sites to ensure that the sites are fully operational, with the remaining funds to be used for expansion to additional sites. Full implementation and expansion shall include enhancing the scope of the program through collaboration with the child health specialty

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clinics to promote healthy child development through early identification and response to both biomedical and social determinants of healthy development; by developing child health metrics to inform practice, document long-term health impacts and savings, and provide for continuous improvement through training, education, and evaluation; and by providing for practitioner consultation particularly for children with behavioral conditions and needs. The department of public health shall also collaborate with the Iowa Medicaid enterprise and the child health specialty clinics to integrate the activities of the first five initiative into the establishment of patient-centered medical homes, community utilities, accountable care organizations, and other integrated care models developed to improve health quality and population health while reducing health care costs. To the maximum extent possible, funding allocated in this paragraph shall be utilized as matching funds for medical assistance program reimbursement.

d. Of the funds appropriated in this subsection, \$31,597 shall be distributed to a statewide dental carrier to provide funds to continue the donated dental services program patterned after the projects developed by the lifeline network to provide dental services to indigent elderly and disabled individuals.

e. Of the funds appropriated in this subsection, \$111,995 shall be used for childhood obesity prevention.

f. Of the funds appropriated in this subsection, \$162,768 shall be used to provide audiological services and hearing aids for children. The department may enter into a contract to administer this paragraph.

g. Of the funds appropriated in this subsection, \$25,000 is transferred to the university of Iowa college of dentistry for provision of primary dental services to children. State funds shall be matched on a dollar-for-dollar basis. The university of Iowa college of dentistry shall coordinate efforts with the department of public health, bureau of oral and health delivery

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systems, to provide dental care to underserved populations throughout the state.

h. Of the funds appropriated in this subsection, \$50,000 shall be used to address youth suicide prevention.

3. CHRONIC CONDITIONS

For serving individuals identified as having chronic conditions or special health care needs, and for not more than the following full-time equivalent positions:

.....	\$ 5,080,692
.....	FTEs 6.00

a. Of the funds appropriated in this subsection, \$159,932 shall be used for grants to individual patients who have phenylketonuria (PKU) to assist with the costs of necessary special foods.

b. Of the funds appropriated in this subsection, \$891,644 shall be used for the brain injury services program pursuant to section 135.22B, including for continuation of the contracts for resource facilitator services in accordance with section 135.22B, subsection 9, and to enhance brain injury training and recruitment of service providers on a statewide basis. Of the amount allocated in this paragraph, \$95,000 shall be used to fund one full-time equivalent position to serve as the state brain injury service program manager.

c. Of the funds appropriated in this subsection, \$547,982 shall be used as additional funding to leverage federal funding through the federal Ryan White Care Act, Tit. II, AIDS drug assistance program supplemental drug treatment grants.

d. Of the funds appropriated in this subsection, \$99,823 shall be used for the public purpose of continuing to contract with an existing national-affiliated organization to provide education, client-centered programs, and client and family support for people living with epilepsy and their families.

e. Of the funds appropriated in this subsection, \$785,114 shall be used for child health specialty clinics.

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f. Of the funds appropriated in this subsection, \$400,000 shall be used by the regional autism assistance program established pursuant to section 256.35, and administered by the child health specialty clinic located at the university of Iowa hospitals and clinics. The funds shall be used to enhance interagency collaboration and coordination of educational, medical, and other human services for persons with autism, their families, and providers of services, including delivering regionalized services of care coordination, family navigation, and integration of services through the statewide system of regional child health specialty clinics and fulfilling other requirements as specified in chapter 225D, creating the autism support program, as enacted in this Act. The university of Iowa shall not receive funds allocated under this paragraph for indirect costs associated with the regional autism assistance program.

g. Of the funds appropriated in this subsection, \$570,993 shall be used for the comprehensive cancer control program to reduce the burden of cancer in Iowa through prevention, early detection, effective treatment, and ensuring quality of life. Of the funds allocated in this lettered paragraph, \$150,000 shall be used to support a melanoma research symposium, a melanoma biorepository and registry, basic and translational melanoma research, and clinical trials.

h. Of the funds appropriated in this subsection, \$126,450 shall be used for cervical and colon cancer screening, and \$500,000 shall be used to enhance the capacity of the cervical cancer screening program to include provision of recommended prevention and early detection measures to a broader range of low-income women.

i. Of the funds appropriated in this subsection, \$526,695 shall be used for the center for congenital and inherited disorders.

j. Of the funds appropriated in this subsection, \$129,411

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shall be used for the prescription drug donation repository program created in chapter 135M.

k. Of the funds appropriated in this subsection, \$215,263 shall be used for the costs of the medical home system advisory council established pursuant to section 135.159 including incorporation of the development and implementation of the prevention and chronic care management state initiative.

4. COMMUNITY CAPACITY

For strengthening the health care delivery system at the local level, and for not more than the following full-time equivalent positions:

.....	\$ 8,562,617
.....	FTEs 18.25

a. Of the funds appropriated in this subsection, \$99,414 is allocated for continuation of the child vision screening program implemented through the university of Iowa hospitals and clinics in collaboration with early childhood Iowa areas. The program shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph "a". The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on service provided; and the continuing needs of the program.

b. Of the funds appropriated in this subsection, \$110,656 is allocated for continuation of an initiative implemented at the university of Iowa and \$99,904 is allocated for continuation of an initiative at the state mental health institute at Cherokee to expand and improve the workforce engaged in mental health treatment and services. The initiatives shall receive input from the university of Iowa, the department of human services,

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the department of public health, and the mental health and disability services commission to address the focus of the initiatives.

c. Of the funds appropriated in this subsection, \$1,164,628 shall be used for essential public health services that promote healthy aging throughout the lifespan, contracted through a formula for local boards of health, to enhance health promotion and disease prevention services.

d. Of the funds appropriated in this section, \$99,286 shall be deposited in the governmental public health system fund created in section 135A.8 to be used for the purposes of the fund.

e. Of the funds appropriated in this subsection, \$105,448 shall be used to address the shortage of mental health professionals in the state.

f. Of the funds appropriated in this subsection, \$50,000 shall be used for a grant to a statewide association of psychologists that is affiliated with the American psychological association to be used for continuation of a program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas, as defined in section 135.180.

g. Of the funds appropriated in this subsection, the following amounts shall be allocated to the Iowa collaborative safety net provider network established pursuant to section 135.153 to be used for the purposes designated. The following amounts allocated under this lettered paragraph shall be distributed to the specified provider and shall not be reduced for administrative or other costs prior to distribution:

(1) For distribution to the Iowa primary care association for statewide coordination of the Iowa collaborative safety net provider network:

..... \$ 145,785

(2) For distribution to the Iowa primary care association

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to be used to continue a training program for sexual assault response team (SART) members, including representatives of law enforcement, victim advocates, prosecutors, and certified medical personnel:

..... \$ 50,000

(3) For distribution to federally qualified health centers for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 75,000

(4) For distribution to the local boards of health that provide direct services for pilot programs in three counties to assist patients in securing a medical home inclusive of oral health care:

..... \$ 77,153

(5) For distribution to maternal and child health centers for pilot programs in three service areas to assist patients in securing a medical home inclusive of oral health care:

..... \$ 95,126

(6) For distribution to free clinics for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 348,322

(7) For distribution to rural health clinics for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 141,544

(8) For continuation of the safety net provider patient access to a specialty health care initiative as described in 2007 Iowa Acts, chapter 218, section 109:

..... \$ 378,474

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(9) For continuation of the pharmaceutical infrastructure for safety net providers as described in 2007 Iowa Acts, chapter 218, section 108:

..... \$ 413,415

The Iowa collaborative safety net provider network may continue to distribute funds allocated pursuant to this lettered paragraph through existing contracts or renewal of existing contracts.

h. Of the funds appropriated in this subsection, \$175,900 shall be used for continuation of the work of the direct care worker advisory council established pursuant to 2008 Iowa Acts, chapter 1188, section 69, in implementing the recommendations in the final report submitted by the advisory council to the governor and the general assembly in March 2012. During the fiscal year beginning July 1, 2013, the advisory council shall focus on doing all of the following:

(1) Finalizing core and advanced competencies and curricula and making them available statewide.

(2) Conducting education and outreach about the competencies and curricula to direct care professionals, community colleges health occupations, training centers, employers, the public, and other stakeholders.

(3) Establishing a means of tracking and evaluating the impact of the training, including retention and direct care professional job satisfaction.

(4) Working with statewide associations of stakeholders, including providers, to promote adoption and utilization of the competencies, curricula, training programs, and impact tracking.

(5) Conducting an initial study of differential reimbursement rates in cooperation with the department of human services and the Iowa Medicaid enterprise. The study shall include research on provider reimbursements and worker compensation based on demonstrated knowledge and skill of the

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worker.

i. (1) Of the funds appropriated in this subsection, \$178,875 shall be used for allocation to an independent statewide direct care worker organization under continuation of the contract in effect during the fiscal year ending June 30, 2013, with terms determined by the director of public health relating to education, outreach, leadership development, mentoring, and other initiatives intended to enhance the recruitment and retention of direct care workers in health care and long-term care settings.

(2) Of the funds appropriated in this subsection, \$75,000 shall be used to provide scholarships or other forms of subsidization for direct care worker educational conferences, training, or outreach activities.

j. Of the funds appropriated in this subsection, the department may use up to \$58,175 for up to one full-time equivalent position to administer the volunteer health care provider program pursuant to section 135.24.

k. Of the funds appropriated in this subsection, \$49,707 shall be used for a matching dental education loan repayment program to be allocated to a dental nonprofit health service corporation to develop the criteria and implement the loan repayment program.

l. Of the funds appropriated in this subsection, \$105,823 is transferred to the college student aid commission for deposit in the rural Iowa primary care trust fund created in section 261.113 to be used for the purposes of the fund.

m. Of the funds appropriated in this subsection, \$150,000 shall be used for the purposes of the Iowa donor registry as specified in section 142C.18.

n. Of the funds appropriated in this subsection, \$100,000 shall be used for continuation of a grant to a nationally affiliated volunteer eye organization that has an established program for children and adults and that is solely dedicated to

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preserving sight and preventing blindness through education, nationally certified vision screening and training, and community and patient service programs. The organization shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph "n". The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on services provided; and the continuing needs of the program.

o. Of the funds appropriated in this subsection, \$25,000 shall be used for the establishment of a wellness council under the direction of the director of public health to increase support for wellness activities in the state.

p. Of the funds appropriated in this section, \$1,158,150 is allocated to the Iowa collaborative safety net provider network established pursuant to section 135.153 to be used for the development and implementation of a statewide regionally based network to provide an integrated approach to health care delivery through care coordination that supports primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes. The Iowa collaborative safety net provider network shall work in conjunction with the department of human services to align the integrated network with the health care delivery system model developed under the state innovation models initiative grant. The Iowa collaborative safety net provider network shall submit a progress report to the individuals designated in this Act for submission of reports by December 31, 2013, including progress in developing and implementing the network, how the funds

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were distributed and used in developing and implementing the network, and the remaining needs in developing and implementing the network.

q. Of the funds appropriated in this section, \$50,000 shall be distributed to a statewide nonprofit organization to be used for the public purpose of supporting a partnership between medical providers and parents through community health centers to promote reading and encourage literacy skills so children enter school prepared for success in reading.

r. Of the funds appropriated in this subsection, \$2,000,000 shall be deposited in the medical residency training account created in section 135.175, subsection 5, paragraph "a", and is appropriated from the account to the department of public health to be used for the purposes of the medical residency training state matching grants program as specified in section 135.176.

5. HEALTHY AGING

To provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations:

..... \$ 7,297,142

6. ENVIRONMENTAL HAZARDS

For reducing the public's exposure to hazards in the environment, primarily chemical hazards, and for not more than the following full-time equivalent positions:

..... \$ 803,870

..... FTEs 4.00

Of the funds appropriated in this subsection, \$537,750 shall be used for childhood lead poisoning provisions.

7. INFECTIOUS DISEASES

For reducing the incidence and prevalence of communicable diseases, and for not more than the following full-time equivalent positions:

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.....	\$	1,335,155
.....	FTEs	4.00

8. PUBLIC PROTECTION

For protecting the health and safety of the public through establishing standards and enforcing regulations, and for not more than the following full-time equivalent positions:

.....	\$	3,278,771
.....	FTEs	131.00

a. Of the funds appropriated in this subsection, not more than \$454,700 shall be credited to the emergency medical services fund created in section 135.25. Moneys in the emergency medical services fund are appropriated to the department to be used for the purposes of the fund.

b. Of the funds appropriated in this subsection, \$203,032 shall be used for sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department's sexual violence prevention program. The amount allocated in this lettered paragraph shall not be used to supplant funding administered for other sexual violence prevention or victims assistance programs.

c. Of the funds appropriated in this subsection, \$598,751 shall be used for the state poison control center.

d. Of the funds appropriated in this section, \$28,000 shall be used as one-time funding to transition the licensing of orthotists, prosthetists, and pedorthists to a fee-supported licensing model. The fee-supported model shall provide for repayment of the funds allocated under this paragraph to the general fund of the state by June 30, 2015.

e. Of the funds appropriated in this section, \$28,644 shall be used for the costs of the emergency medical services task force as enacted in this Act.

9. RESOURCE MANAGEMENT

For establishing and sustaining the overall ability of the

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department to deliver services to the public, and for not more than the following full-time equivalent positions:

.....	\$	804,054
.....	FTEs	5.00

The university of Iowa hospitals and clinics under the control of the state board of regents shall not receive indirect costs from the funds appropriated in this section. The university of Iowa hospitals and clinics billings to the department shall be on at least a quarterly basis.

The department of public health shall submit a report to the individuals specified in this Act for submission of reports by December 15, 2013, providing recommendations for improvements in the intraoperability and interoperability of communications technology under the purview of the department to improve efficiency and reduce costs.

DIVISION IV

DEPARTMENT OF VETERANS AFFAIRS — FY 2013-2014

Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is appropriated from the general fund of the state to the department of veterans affairs for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

For salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	1,093,508
.....	FTEs	13.00

2. IOWA VETERANS HOME

For salaries, support, maintenance, and miscellaneous purposes:

.....	\$	7,525,714
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a. The Iowa veterans home billings involving the department

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of human services shall be submitted to the department on at least a monthly basis.

b. If there is a change in the employer of employees providing services at the Iowa veterans home under a collective bargaining agreement, such employees and the agreement shall be continued by the successor employer as though there had not been a change in employer.

c. Within available resources and in conformance with associated state and federal program eligibility requirements, the Iowa veterans home may implement measures to provide financial assistance to or on behalf of veterans or their spouses who are participating in the community reentry program.

d. The Iowa veterans home expenditure report shall be submitted monthly to the legislative services agency.

3. HOME OWNERSHIP ASSISTANCE PROGRAM

For transfer to the Iowa finance authority for the continuation of the home ownership assistance program for persons who are or were eligible members of the armed forces of the United States, pursuant to section 16.54:

..... \$ 1,600,000

Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the standing appropriation in the following designated section for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the amounts appropriated from the general fund of the state pursuant to that section for the following designated purposes shall not exceed the following amount:

For the county commissions of veteran affairs fund under section 35A.16:

..... \$ 990,000

DIVISION V

DEPARTMENT OF HUMAN SERVICES — FY 2013-2014

Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is appropriated from the fund created in section

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8.41 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, from moneys received under the federal temporary assistance for needy families (TANF) block grant pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and successor legislation, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under chapter 239B:
..... \$ 18,116,948

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with chapter 239B:
..... \$ 11,866,439

3. To be used for the family development and self-sufficiency grant program in accordance with section 216A.107:
..... \$ 2,898,980

Notwithstanding section 8.33, moneys appropriated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year. However, unless such moneys are encumbered or obligated on or before September 30, 2014, the moneys shall revert.

4. For field operations:
..... \$ 31,296,232

5. For general administration:
..... \$ 3,744,000

6. For state child care assistance:
..... \$ 25,732,687

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The funds appropriated in this subsection are transferred to the child care and development block grant appropriation made by the Eighty-fifth General Assembly, 2013 Session, for the federal fiscal year beginning October 1, 2013, and ending September 30, 2014. Of this amount, \$200,000 shall be used for provision of educational opportunities to registered child care home providers in order to improve services and programs offered by this category of providers and to increase the number of providers. The department may contract with institutions of higher education or child care resource and referral centers to provide the educational opportunities. Allowable administrative costs under the contracts shall not exceed 5 percent. The application for a grant shall not exceed two pages in length.

7. For distribution to counties and regions through the property tax relief fund for mental health and disability services as provided in an appropriation made for this purpose:
..... \$ 4,894,052

8. For child and family services:
..... \$ 32,084,430

9. For child abuse prevention grants:
..... \$ 125,000

10. For pregnancy prevention grants on the condition that family planning services are funded:
..... \$ 1,930,067

Pregnancy prevention grants shall be awarded to programs in existence on or before July 1, 2013, if the programs have demonstrated positive outcomes. Grants shall be awarded to pregnancy prevention programs which are developed after July 1, 2013, if the programs are based on existing models that have demonstrated positive outcomes. Grants shall comply with the requirements provided in 1997 Iowa Acts, chapter 208, section 14, subsections 1 and 2, including the requirement that grant programs must emphasize sexual abstinence. Priority in

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the awarding of grants shall be given to programs that serve areas of the state which demonstrate the highest percentage of unplanned pregnancies of females of childbearing age within the geographic area to be served by the grant.

11. For technology needs and other resources necessary to meet federal welfare reform reporting, tracking, and case management requirements:

..... \$ 1,037,186

12. For the family investment program share of the costs to develop and maintain a new, integrated eligibility determination system:

..... \$ 5,050,451

13. a. Notwithstanding any provision to the contrary, including but not limited to requirements in section 8.41 or provisions in 2012 or 2013 Iowa Acts regarding the receipt and appropriation of federal block grants, federal funds from the temporary assistance for needy families block grant received by the state not otherwise appropriated in this section and remaining available for the fiscal year beginning July 1, 2013, are appropriated to the department of human services to the extent as may be necessary to be used in the following priority order: the family investment program, for state child care assistance program payments for individuals enrolled in the family investment program who are employed, and for the family investment program share of costs to develop and maintain a new, integrated eligibility determination system. The federal funds appropriated in this paragraph "a" shall be expended only after all other funds appropriated in subsection 1 for the assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 12 for the family investment program share of the costs to develop and maintain a new, integrated eligibility determination system, as applicable, have been expended.

b. The department shall, on a quarterly basis, advise the

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legislative services agency and department of management of the amount of funds appropriated in this subsection that was expended in the prior quarter.

14. Of the amounts appropriated in this section, \$12,962,008 for the fiscal year beginning July 1, 2013, is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

15. For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division relating to the family investment program account:

..... \$ 25,000

16. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

1. Moneys credited to the family investment program (FIP) account for the fiscal year beginning July 1, 2013, and ending June 30, 2014, shall be used to provide assistance in accordance with chapter 239B.

2. The department may use a portion of the moneys credited to the FIP account under this section as necessary for salaries, support, maintenance, and miscellaneous purposes.

3. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the

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appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

4. Moneys appropriated in this division of this Act and credited to the FIP account for the fiscal year beginning July 1, 2013, and ending June 30, 2014, are allocated as follows:

a. To be retained by the department of human services to be used for coordinating with the department of human rights to more effectively serve participants in FIP and other shared clients and to meet federal reporting requirements under the federal temporary assistance for needy families block grant:
..... \$ 20,000

b. To the department of human rights for staffing, administration, and implementation of the family development and self-sufficiency grant program in accordance with section 216A.107:
..... \$ 6,042,834

(1) Of the funds allocated for the family development and self-sufficiency grant program in this lettered paragraph, not more than 5 percent of the funds shall be used for the administration of the grant program.

(2) The department of human rights may continue to implement the family development and self-sufficiency grant program statewide during fiscal year 2013-2014.

c. For the diversion subaccount of the FIP account:
..... \$ 1,698,400

A portion of the moneys allocated for the subaccount may be used for field operations, salaries, data management system development, and implementation costs and support deemed necessary by the director of human services in order to administer the FIP diversion program. To the extent moneys allocated in this lettered paragraph are not deemed by the department to be necessary to support diversion activities, such moneys may be used for other efforts intended to increase

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engagement by family investment program participants in work, education, or training activities.

d. For the food assistance employment and training program:
..... \$ 66,588

(1) The department shall apply the federal supplemental nutrition assistance program (SNAP) employment and training state plan in order to maximize to the fullest extent permitted by federal law the use of the 50 percent federal reimbursement provisions for the claiming of allowable federal reimbursement funds from the United States department of agriculture pursuant to the federal SNAP employment and training program for providing education, employment, and training services for eligible food assistance program participants, including but not limited to related dependent care and transportation expenses.

(2) The department shall continue the categorical federal food assistance program eligibility at 160 percent of the federal poverty level and continue to eliminate the asset test from eligibility requirements, consistent with federal food assistance program requirements. The department shall include as many food assistance households as is allowed by federal law. The eligibility provisions shall conform to all federal requirements including requirements addressing individuals who are incarcerated or otherwise ineligible.

e. For the JOBS program:
..... \$ 19,690,816

5. Of the child support collections assigned under FIP, an amount equal to the federal share of support collections shall be credited to the child support recovery appropriation made in this division of this Act. Of the remainder of the assigned child support collections received by the child support recovery unit, a portion shall be credited to the FIP account, a portion may be used to increase recoveries, and a portion may be used to sustain cash flow in the child support

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payments account. If as a consequence of the appropriations and allocations made in this section the resulting amounts are insufficient to sustain cash assistance payments and meet federal maintenance of effort requirements, the department shall seek supplemental funding. If child support collections assigned under FIP are greater than estimated or are otherwise determined not to be required for maintenance of effort, the state share of either amount may be transferred to or retained in the child support payment account.

6. The department may adopt emergency rules for the family investment, JOBS, food assistance, and medical assistance programs if necessary to comply with federal requirements.

Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

To be credited to the family investment program (FIP) account and used for family investment program assistance under chapter 239B:

..... \$ 48,437,214

1. Of the funds appropriated in this section, \$7,824,377 is allocated for the JOBS program.

2. Of the funds appropriated in this section, \$3,163,854 is allocated for the family development and self-sufficiency grant program.

3. Notwithstanding section 8.39, for the fiscal year beginning July 1, 2013, if necessary to meet federal maintenance of effort requirements or to transfer federal temporary assistance for needy families block grant funding to be used for purposes of the federal social services block grant or to meet cash flow needs resulting from delays in receiving federal funding or to implement, in accordance with

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this division of this Act, activities currently funded with juvenile court services, county, or community moneys and state moneys used in combination with such moneys, the department of human services may transfer funds within or between any of the appropriations made in this division of this Act and appropriations in law for the federal social services block grant to the department for the following purposes, provided that the combined amount of state and federal temporary assistance for needy families block grant funding for each appropriation remains the same before and after the transfer:

- a. For the family investment program.
- b. For child care assistance.
- c. For child and family services.
- d. For field operations.
- e. For general administration.
- f. For distribution to counties or regions for services to persons with mental illness or an intellectual disability.

This subsection shall not be construed to prohibit the use of existing state transfer authority for other purposes. The department shall report any transfers made pursuant to this subsection to the legislative services agency.

4. Of the funds appropriated in this section, \$195,678 shall be used for continuation of a grant to an Iowa-based nonprofit organization with a history of providing tax preparation assistance to low-income Iowans in order to expand the usage of the earned income tax credit. The purpose of the grant is to supply this assistance to underserved areas of the state.

5. Of the funds appropriated in this section, \$40,000 shall be used to fund the expansion of an unfunded pilot project, as defined in 441 IAC 100.1, that has been in existence for at least six months, relating to parental obligations, in which the child support recovery unit participates, to support the efforts of a nonprofit organization committed to strengthening the community through youth development, healthy living, and

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social responsibility in a county with a population over 350,000. The funds allocated in this subsection shall be used by the recipient organization to develop a larger community effort, through public and private partnerships, to support a broad-based fatherhood initiative that promotes payment of child support obligations, improved family relationships, and full-time employment. The department shall collaborate with other state agencies to compile a comprehensive inventory of the parenthood support programs in the state. The inventory shall provide a description of each program, the population served, outcomes to date, and funding sources and funding expended for each program. The inventory shall be submitted to the individuals identified in this Act for submission of reports by December 15, 2013.

6. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and field operations as necessary to administer this section and the overall family investment program.

Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For child support recovery, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 14,173,770
.....	FTEs 464.00

1. The department shall expend up to \$24,329, including federal financial participation, for the fiscal year beginning July 1, 2013, for a child support public awareness campaign. The department and the office of the attorney general shall cooperate in continuation of the campaign. The public

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awareness campaign shall emphasize, through a variety of media activities, the importance of maximum involvement of both parents in the lives of their children as well as the importance of payment of child support obligations.

2. Federal access and visitation grant moneys shall be issued directly to private not-for-profit agencies that provide services designed to increase compliance with the child access provisions of court orders, including but not limited to neutral visitation sites and mediation services.

3. The appropriation made to the department for child support recovery may be used throughout the fiscal year in the manner necessary for purposes of cash flow management, and for cash flow management purposes the department may temporarily draw more than the amount appropriated, provided the amount appropriated is not exceeded at the close of the fiscal year.

4. With the exception of the funding amount specified, the requirements established under 2001 Iowa Acts, chapter 191, section 3, subsection 5, paragraph "c", subparagraph (3), shall be applicable to parental obligation pilot projects for the fiscal year beginning July 1, 2013, and ending June 30, 2014. Notwithstanding 441 IAC 100.8, providing for termination of rules relating to the pilot projects, the rules shall remain in effect until June 30, 2014.

Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE — FY 2013-2014. Any funds remaining in the health care trust fund created in section 453A.35A for the fiscal year beginning July 1, 2013, and ending June 30, 2014, are appropriated to the department of human services to supplement the medical assistance program appropriations made in this division of this Act, for medical assistance reimbursement and associated costs, including program administration and costs associated with program implementation.

Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY 2013-2014. Any funds remaining in the Medicaid fraud

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fund created in section 249A.7 for the fiscal year beginning July 1, 2013, and ending June 30, 2014, are appropriated to the department of human services to supplement the medical assistance appropriations made in this division of this Act, for medical assistance reimbursement and associated costs, including program administration and costs associated with program implementation.

Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2013, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

..... \$ 1,143,810,311

1. a. Iowans support reducing the number of abortions performed in our state. For an abortion covered under the program, except in the case of a medical emergency, as defined in section 135L.1, for any woman, the physician shall certify both of the following:

(1) That the woman has been given the opportunity to view an ultrasound image of the fetus as part of the standard of care before an abortion is performed.

(2) That the woman has been provided information regarding the options relative to a pregnancy, including continuing the pregnancy to term and retaining parental rights following the child's birth, continuing the pregnancy to term and placing the child for adoption, and terminating the pregnancy.

b. Funds appropriated under this section shall not be used

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for abortions, unless otherwise authorized under this section.

c. The provisions of this section relating to abortions shall also apply to the Iowa health and wellness plan created pursuant to chapter 249N, as enacted in this Act.

2. The department shall utilize not more than \$60,000 of the funds appropriated in this section to continue the AIDS/HIV health insurance premium payment program as established in 1992 Iowa Acts, Second Extraordinary Session, chapter 1001, section 409, subsection 6. Of the funds allocated in this subsection, not more than \$5,000 may be expended for administrative purposes.

3. Of the funds appropriated in this Act to the department of public health for addictive disorders, \$950,000 for the fiscal year beginning July 1, 2013, is transferred to the department of human services for an integrated substance-related disorder managed care system. The department shall not assume management of the substance-related disorder system in place of the managed care contractor unless such a change in approach is specifically authorized in law. The departments of human services and public health shall work together to maintain the level of mental health and substance-related disorder treatment services provided by the managed care contractor through the Iowa plan for behavioral health. Each department shall take the steps necessary to continue the federal waivers as necessary to maintain the level of services.

4. a. The department shall aggressively pursue options for providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department's exception to policy provisions, but who have health care needs in excess

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of the funding available through the exception to policy provisions.

b. Of the funds appropriated in this section, \$100,000 shall be used for participation in one or more pilot projects operated by a private provider to allow the individual or individuals to receive service in the community in accordance with principles established in *Olmstead v. L.C.*, 527 U.S. 581 (1999), for the purpose of providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department's exception to policy provisions, but who have health care needs in excess of the funding available through the exception to the policy provisions.

5. Of the funds appropriated in this section, up to \$3,050,082 may be transferred to the field operations or general administration appropriations in this division of this Act for operational costs associated with Part D of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, Pub. L. No. 108-173.

6. Of the funds appropriated in this section, up to \$442,100 may be transferred to the appropriation in this division of this Act for medical contracts to be used for clinical assessment services and prior authorization of services.

7. A portion of the funds appropriated in this section may be transferred to the appropriations in this division of this Act for general administration, medical contracts, the children's health insurance program, or field operations to be used for the state match cost to comply with the payment error rate measurement (PERM) program for both the medical assistance and children's health insurance programs as developed by the centers for Medicare and Medicaid services of the United States

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department of health and human services to comply with the federal Improper Payments Information Act of 2002, Pub. L. No. 107-300.

8. It is the intent of the general assembly that the department continue to implement the recommendations of the assuring better child health and development initiative II (ABCDII) clinical panel to the Iowa early and periodic screening, diagnostic, and treatment services healthy mental development collaborative board regarding changes to billing procedures, codes, and eligible service providers.

9. Of the funds appropriated in this section, a sufficient amount is allocated to supplement the incomes of residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability, with incomes of less than \$50 in the amount necessary for the residents to receive a personal needs allowance of \$50 per month pursuant to section 249A.30A.

10. Of the funds appropriated in this section, the following amounts are transferred to the appropriations made in this division of this Act for the state mental health institutes:

- a. Cherokee mental health institute..... \$ 9,098,425
- b. Clarinda mental health institute..... \$ 1,977,305
- c. Independence mental health institute..... \$ 9,045,894
- d. Mount Pleasant mental health institute..... \$ 5,752,587

11. a. Of the funds appropriated in this section, \$7,969,074 is allocated for the state match for a disproportionate share hospital payment of \$19,133,430 to hospitals that meet both of the conditions specified in subparagraphs (1) and (2). In addition, the hospitals that meet the conditions specified shall either certify public expenditures or transfer to the medical assistance program an amount equal to provide the nonfederal share for a disproportionate share hospital payment of \$7,500,000. The

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hospitals that meet the conditions specified shall receive and retain 100 percent of the total disproportionate share hospital payment of \$26,633,430.

(1) The hospital qualifies for disproportionate share and graduate medical education payments.

(2) The hospital is an Iowa state-owned hospital with more than 500 beds and eight or more distinct residency specialty or subspecialty programs recognized by the American college of graduate medical education.

b. Distribution of the disproportionate share payments shall be made on a monthly basis. The total amount of disproportionate share payments including graduate medical education, enhanced disproportionate share, and Iowa state-owned teaching hospital payments shall not exceed the amount of the state's allotment under Pub. L. No. 102-234. In addition, the total amount of all disproportionate share payments shall not exceed the hospital-specific disproportionate share limits under Pub. L. No. 103-66.

12. The university of Iowa hospitals and clinics shall either certify public expenditures or transfer to the appropriations made in this division of this Act for medical assistance an amount equal to provide the nonfederal share for increased medical assistance payments for inpatient and outpatient hospital services of \$9,900,000. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in medical assistance payments.

13. Of the funds appropriated in this section, up to \$11,921,225 may be transferred to the IowaCare account created in section 249J.24.

14. One hundred percent of the nonfederal share of payments to area education agencies that are medical assistance providers for medical assistance-covered services provided to medical assistance-covered children, shall be made from the appropriation made in this section.

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15. Any new or renewed contract entered into by the department with a third party to administer behavioral health services under the medical assistance program shall provide that any interest earned on payments from the state during the state fiscal year shall be remitted to the department and treated as recoveries to offset the costs of the medical assistance program.

16. The department shall continue to implement the provisions in 2007 Iowa Acts, chapter 218, section 124 and section 126, as amended by 2008 Iowa Acts, chapter 1188, section 55, relating to eligibility for certain persons with disabilities under the medical assistance program in accordance with the federal Family Opportunity Act.

17. A portion of the funds appropriated in this section may be transferred to the appropriation in this division of this Act for medical contracts to be used for administrative activities associated with the money follows the person demonstration project.

18. Of the funds appropriated in this section, \$349,011 shall be used for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.

19. a. The department shall implement the following cost containment strategies for the medical assistance program and shall adopt emergency rules for such implementation:

(1) Notwithstanding any provision of law to the contrary, the department shall integrate medical assistance program habilitation services into the Iowa plan contract for the fiscal year beginning July 1, 2013.

(2) The department shall only provide coverage for medically necessary, elective cesarean sections.

(3) The department shall require prior authorization based on specified criteria before providing reimbursement for hospital swing bed placements and continued stays.

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(4) The department shall align payment methodologies and rates between medical and nonmedical transportation services through the transportation brokerage provider.

(5) The department shall require that all fees for employee records checks shall be paid by the medical assistance home and community-based waiver services consumer-directed attendant care or consumer choices option provider, with the exception of one initial state records check per employee which shall be paid by the Iowa Medicaid enterprise.

(6) The department shall require transition of the provision by individual providers of personal care under the consumer-directed attendant care option to agency-provided personal care services and shall retain the consumer choice option for those individuals able and desiring to self-direct services.

(7) The department shall require that persons with an intellectual disability receiving services under the medical assistance program receive a functional assessment utilizing the supports intensity scale tool. The department shall contract with an independent entity to perform the functional assessments. The department shall implement a tiered resource allocation methodology for service plans under the medical assistance home and community-based services waiver for persons with an intellectual disability.

(8) The department shall develop a new reimbursement methodology for medical assistance targeted case management that applies appropriate cost limits.

(9) The department shall implement an integrated health home approach under the medical assistance program for persons with chronic mental illness. The approach shall integrate the functions of medical assistance targeted case management.

(10) The department shall expand the categories of diabetic supplies for which a rebate may be received.

(11) The department shall limit initial authorizations

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for institutional-based care to 30 days for members following discharge from a hospital if the member previously lived in a community-based setting.

b. The department shall not implement the cost containment strategies to require a primary care referral for the provision of chiropractic services or to require prior authorization of the provision of any home health services for adults in excess of 100 visits per year.

c. The department may increase the amounts allocated for salaries, support, maintenance, and miscellaneous purposes associated with the medical assistance program, as necessary, to implement the cost containment strategies. The department shall report any such increase to the legislative services agency and the department of management.

d. If the savings to the medical assistance program exceed the cost for the fiscal year, the department may transfer any savings generated for the fiscal year due to medical assistance program cost containment efforts to the appropriation made in this division of this Act for medical contracts or general administration to defray the increased contract costs associated with implementing such efforts.

e. The department shall report the implementation of any cost containment strategies under this subsection to the individuals specified in this division of this Act for submission of reports on a quarterly basis.

20. Of the funds appropriated in this section, \$8,715,473 shall be used to implement reductions in the waiting lists of all medical assistance home and community-based services waivers.

21. a. Of the funds appropriated in this section, \$900,000 shall be used to implement the children's mental health home project proposed by the department of human services and reported to the general assembly's mental health and disability services study committee in December 2011. Of this

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amount, up to \$50,000 may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the project.

b. Of the funds appropriated in this section, up to \$400,000 may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for general administration to support the redesign of mental health and disability services and the state balancing incentive payments program planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for and the positions authorized for general administration for the same fiscal year.

c. Of the funds appropriated in this section, up to \$3,000,000 may be transferred by the department to the appropriations made to the department in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.

d. For the fiscal year beginning July 1, 2013, and ending June 30, 2014, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph "f", shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this subsection.

e. The moneys reimbursed and credited to the risk pool in the property tax relief fund pursuant to 2012 Iowa Acts,

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chapter 1128, section 6, subsection 5, as amended by 2012 Iowa Acts, chapter 1133, section 67, are appropriated to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, to be used to supplement the appropriation made in this section for the medical assistance program.

22. Of the funds appropriated in this section, \$250,000 shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics under chapter 249J for patients with cancer whose travel distance is 30 miles or more from the university of Iowa hospitals and clinics. The department of human services shall establish the maximum number of overnight stays and the maximum rate reimbursed for overnight lodging, which may be based on the state employee rate established by the department of administrative services. The funds allocated in this subsection shall not be used as nonfederal share matching funds. Any funds allocated in this subsection that remain unencumbered or unobligated on December 31, 2013, shall continue to be used in accordance with departmental specifications established in this subsection for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

23. The department shall continue to administer the state balancing incentive payments program as specified in 2012 Iowa Acts, chapter 1133, section 14.

24. Of the funds appropriated in this section, \$300,000 shall be used for reimbursement of staff training as direct costs for home and community-based services providers beginning January 1, 2014, as provided under 2013 Iowa Acts, House File

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198 or 2013 successor legislation, if enacted.

Sec. 13. MEDICAL CONTRACTS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical contracts:

..... \$ 12,291,569

1. The department of inspections and appeals shall provide all state matching funds for survey and certification activities performed by the department of inspections and appeals. The department of human services is solely responsible for distributing the federal matching funds for such activities.

2. Of the funds appropriated in this section, \$50,000 shall be used for continuation of home and community-based services waiver quality assurance programs, including the review and streamlining of processes and policies related to oversight and quality management to meet state and federal requirements.

3. Of the amount appropriated in this section, up to \$200,000 may be transferred to the appropriation for general administration in this division of this Act to be used for additional full-time equivalent positions in the development of key health initiatives such as cost containment, development and oversight of managed care programs, and development of health strategies targeted toward improved quality and reduced costs in the Medicaid program.

4. Of the funds appropriated in this section, \$64,398 shall be used for provision of the IowaCare program nurse helpline for the expansion population as provided in section 249J.6.

5. Of the funds appropriated in this section, \$80,000 shall be used for costs related to audits, performance evaluations, and studies required pursuant to chapter 249J.

6. Of the funds appropriated in this section, \$194,654 shall

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be used for administrative costs associated with chapter 249J.

7. Of the funds appropriated in this section, \$1,000,000 shall be used for planning and development, in cooperation with the department of public health, of a phased-in program to provide a dental home for children.

8. Of the funds appropriated in this section, \$270,000 shall be used for payment to the publicly owned acute care teaching hospital located in a county with a population of over 350,000 that is a participating provider pursuant to chapter 249J. Disbursements under this subsection shall be made monthly. The hospital shall submit a report following the close of the fiscal year regarding use of the funds allocated in this subsection to the persons specified in this Act to receive reports.

9. Of the funds appropriated in this section, \$75,000 shall be used for continued implementation of a uniform cost report.

10. Of the funds appropriated in this section, \$2,000,000 shall be used for the autism support program created in chapter 225D, as enacted in this Act, beginning January 1, 2014.

11. Of the funds appropriated in this section, \$99,790 shall be used for continued implementation of an electronic medical records system.

Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the state supplementary assistance program:

..... \$ 16,512,174

2. The department shall increase the personal needs allowance for residents of residential care facilities by the same percentage and at the same time as federal supplemental security income and federal social security benefits are

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increased due to a recognized increase in the cost of living. The department may adopt emergency rules to implement this subsection.

3. If during the fiscal year beginning July 1, 2013, the department projects that state supplementary assistance expenditures for a calendar year will not meet the federal pass-through requirement specified in Tit. XVI of the federal Social Security Act, section 1618, as codified in 42 U.S.C. § 1382g, the department may take actions including but not limited to increasing the personal needs allowance for residential care facility residents and making programmatic adjustments or upward adjustments of the residential care facility or in-home health-related care reimbursement rates prescribed in this division of this Act to ensure that federal requirements are met. In addition, the department may make other programmatic and rate adjustments necessary to remain within the amount appropriated in this section while ensuring compliance with federal requirements. The department may adopt emergency rules to implement the provisions of this subsection.

Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For maintenance of the healthy and well kids in Iowa (hawk-i) program pursuant to chapter 514I, including supplemental dental services, for receipt of federal financial participation under Tit. XXI of the federal Social Security Act, which creates the children's health insurance program:

..... \$ 36,806,102

2. Of the funds appropriated in this section, \$141,450 is allocated for continuation of the contract for outreach with the department of public health.

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Sec. 16. CHILD CARE ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child care programs:

..... \$ 62,709,794

1. Of the funds appropriated in this section, \$54,755,189 shall be used for state child care assistance in accordance with section 237A.13.

2. Nothing in this section shall be construed or is intended as or shall imply a grant of entitlement for services to persons who are eligible for assistance due to an income level consistent with the waiting list requirements of section 237A.13. Any state obligation to provide services pursuant to this section is limited to the extent of the funds appropriated in this section.

3. Of the funds appropriated in this section, \$432,453 is allocated for the statewide program for child care resource and referral services under section 237A.26. A list of the registered and licensed child care facilities operating in the area served by a child care resource and referral service shall be made available to the families receiving state child care assistance in that area.

4. Of the funds appropriated in this section, \$936,974 is allocated for child care quality improvement initiatives including but not limited to the voluntary quality rating system in accordance with section 237A.30.

5. Of the funds appropriated in this section, \$135,178 shall be used to conduct fingerprint-based national criminal history record checks of home-based child care providers pursuant to section 237A.5, subsection 2, through the United States department of justice, federal bureau of investigation.

6. Of the amount appropriated in this section, up to

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\$25,000 shall be used to implement a searchable internet-based application as part of the consumer information made available under section 237A.25. The application shall provide a listing of the child care providers in this state that have received a rating under the voluntary quality rating system implemented pursuant to section 237A.30 and information on whether a provider specializes in child care for infants, school-age children, children with special needs, or other populations or provides any other specialized services to support family needs.

7. Of the amount appropriated in this section, up to \$75,000 shall be used by the department to conduct an independent evaluation of Iowa's child care quality rating system. The evaluation shall address the system's strengths and weaknesses, and shall provide recommendations for change. The department shall submit a final report on or before December 16, 2013, to the governor and general assembly concerning the evaluation. The evaluation shall also include but is not limited to all of the following:

a. An assessment of the validity of the system's key underlying concepts.

b. An assessment of the techniques utilized and psychometric properties of the measures used in the system to assess quality.

c. An analysis of the outputs quantified by the rating process.

d. An analysis of the relationship between the ratings utilized and child outcomes realized.

8. Of the funds appropriated in this section, \$6,350,000 shall be credited to the early childhood programs grants account in the early childhood Iowa fund created in section 256I.11. The moneys shall be distributed for funding of community-based early childhood programs targeted to children from birth through five years of age developed by early

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childhood Iowa areas in accordance with approved community plans as provided in section 256I.8

9. The department may use any of the funds appropriated in this section as a match to obtain federal funds for use in expanding child care assistance and related programs. For the purpose of expenditures of state and federal child care funding, funds shall be considered obligated at the time expenditures are projected or are allocated to the department's service areas. Projections shall be based on current and projected caseload growth, current and projected provider rates, staffing requirements for eligibility determination and management of program requirements including data systems management, staffing requirements for administration of the program, contractual and grant obligations and any transfers to other state agencies, and obligations for decategorization or innovation projects.

10. A portion of the state match for the federal child care and development block grant shall be provided as necessary to meet federal matching funds requirements through the state general fund appropriation made for child development grants and other programs for at-risk children in section 279.51.

11. If a uniform reduction ordered by the governor under section 8.31 or other operation of law, transfer, or federal funding reduction reduces the appropriation made in this section for the fiscal year, the percentage reduction in the amount paid out to or on behalf of the families participating in the state child care assistance program shall be equal to or less than the percentage reduction made for any other purpose payable from the appropriation made in this section and the federal funding relating to it. The percentage reduction to the other allocations made in this section shall be the same as the uniform reduction ordered by the governor or the percentage change of the federal funding reduction, as applicable. If there is an unanticipated increase in federal funding

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provided for state child care assistance, the entire amount of the increase shall be used for state child care assistance payments. If the appropriations made for purposes of the state child care assistance program for the fiscal year are determined to be insufficient, it is the intent of the general assembly to appropriate sufficient funding for the fiscal year in order to avoid establishment of waiting list requirements.

12. Notwithstanding section 8.33, moneys advanced for purposes of the programs developed by early childhood Iowa areas, advanced for purposes of wraparound child care, or received from the federal appropriations made for the purposes of this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 17. JUVENILE INSTITUTIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. For operation of the Iowa juvenile home at Toledo and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 8,859,355
..... FTEs 114.00

2. For operation of the state training school at Eldora and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 11,256,969
..... FTEs 164.30

Of the funds appropriated in this subsection, \$91,150 shall be used for distribution to licensed classroom teachers at this and other institutions under the control of the department of

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human services based upon the average student yearly enrollment at each institution as determined by the department.

3. A portion of the moneys appropriated in this section shall be used by the state training school and by the Iowa juvenile home for grants for adolescent pregnancy prevention activities at the institutions in the fiscal year beginning July 1, 2013.

Sec. 18. CHILD AND FAMILY SERVICES.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child and family services:

..... \$ 91,283,920

2. Up to \$5,200,000 of the amount of federal temporary assistance for needy families block grant funding appropriated in this division of this Act for child and family services shall be made available for purposes of juvenile delinquent graduated sanction services.

3. The department may transfer funds appropriated in this section as necessary to pay the nonfederal costs of services reimbursed under the medical assistance program, state child care assistance program, or the family investment program which are provided to children who would otherwise receive services paid under the appropriation in this section. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and for field operations for resources necessary to implement and operate the services funded in this section.

4. a. Of the funds appropriated in this section, up to \$32,242,236 is allocated as the statewide expenditure target under section 232.143 for group foster care maintenance and services. If the department projects that such expenditures

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for the fiscal year will be less than the target amount allocated in this lettered paragraph, the department may reallocate the excess to provide additional funding for shelter care or the child welfare emergency services addressed with the allocation for shelter care.

b. If at any time after September 30, 2013, annualization of a service area's current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under section 232.143 by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be identified. The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In such a dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

5. In accordance with the provisions of section 232.188, the department shall continue the child welfare and juvenile justice funding initiative during fiscal year 2013-2014. Of the funds appropriated in this section, \$1,717,753 is allocated specifically for expenditure for fiscal year 2013-2014 through the decategorization service funding pools and governance boards established pursuant to section 232.188.

6. A portion of the funds appropriated in this section may be used for emergency family assistance to provide other resources required for a family participating in a family preservation or reunification project or successor project to stay together or to be reunified.

7. Notwithstanding section 234.35 or any other provision of law to the contrary, state funding for shelter care and

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the child welfare emergency services contracting implemented to provide for or prevent the need for shelter care shall be limited to \$7,616,048.

8. Federal funds received by the state during the fiscal year beginning July 1, 2013, as the result of the expenditure of state funds appropriated during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for services and purposes provided for under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for the purposes designated until the close of the succeeding fiscal year.

9. a. Of the funds appropriated in this section, up to \$3,290,000 is allocated for the payment of the expenses of court-ordered services provided to juveniles who are under the supervision of juvenile court services, which expenses are a charge upon the state pursuant to section 232.141, subsection 4. Of the amount allocated in this lettered paragraph, up to \$1,556,287 shall be made available to provide school-based supervision of children adjudicated under chapter 232, of which not more than \$15,000 may be used for the purpose of training. A portion of the cost of each school-based liaison officer shall be paid by the school district or other funding source as approved by the chief juvenile court officer.

b. Of the funds appropriated in this section, up to \$748,985 is allocated for the payment of the expenses of court-ordered services provided to children who are under the supervision of the department, which expenses are a charge upon the state pursuant to section 232.141, subsection 4.

c. Notwithstanding section 232.141 or any other provision of law to the contrary, the amounts allocated in this subsection shall be distributed to the judicial districts

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as determined by the state court administrator and to the department's service areas as determined by the administrator of the department's division of child and family services. The state court administrator and the division administrator shall make the determination of the distribution amounts on or before June 15, 2013.

d. Notwithstanding chapter 232 or any other provision of law to the contrary, a district or juvenile court shall not order any service which is a charge upon the state pursuant to section 232.141 if there are insufficient court-ordered services funds available in the district court or departmental service area distribution amounts to pay for the service. The chief juvenile court officer and the departmental service area manager shall encourage use of the funds allocated in this subsection such that there are sufficient funds to pay for all court-related services during the entire year. The chief juvenile court officers and departmental service area managers shall attempt to anticipate potential surpluses and shortfalls in the distribution amounts and shall cooperatively request the state court administrator or division administrator to transfer funds between the judicial districts' or departmental service areas' distribution amounts as prudent.

e. Notwithstanding any provision of law to the contrary, a district or juvenile court shall not order a county to pay for any service provided to a juvenile pursuant to an order entered under chapter 232 which is a charge upon the state under section 232.141, subsection 4.

f. Of the funds allocated in this subsection, not more than \$83,000 may be used by the judicial branch for administration of the requirements under this subsection.

g. Of the funds allocated in this subsection, \$17,000 shall be used by the department of human services to support the interstate commission for juveniles in accordance with the interstate compact for juveniles as provided in section

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232.173.

10. Of the funds appropriated in this section, \$8,053,226 is allocated for juvenile delinquent graduated sanctions services. Any state funds saved as a result of efforts by juvenile court services to earn federal Tit. IV-E match for juvenile court services administration may be used for the juvenile delinquent graduated sanctions services.

11. Of the funds appropriated in this section, \$1,608,285 is transferred to the department of public health to be used for equalization and renewal of the grants under the child protection center grant program in accordance with section 135.118. The grant amounts shall be equalized so that each center receives a uniform amount of at least \$245,000.

12. If the department receives federal approval to implement a waiver under Tit. IV-E of the federal Social Security Act to enable providers to serve children who remain in the children's families and communities, for purposes of eligibility under the medical assistance program through 25 years of age, children who participate in the waiver shall be considered to be placed in foster care.

13. Of the funds appropriated in this section, \$3,256,980 is allocated for the preparation for adult living program pursuant to section 234.46.

14. Of the funds appropriated in this section, \$520,150 shall be used for juvenile drug courts. The amount allocated in this subsection shall be distributed as follows:

To the judicial branch for salaries to assist with the operation of juvenile drug court programs operated in the following jurisdictions:

- a. Marshall county:
..... \$ 62,708
- b. Woodbury county:
..... \$ 125,682
- c. Polk county:

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.....	\$ 195,892
d. The third judicial district:	
.....	\$ 67,934
e. The eighth judicial district:	
.....	\$ 67,934

15. Of the funds appropriated in this section, \$227,337 shall be used for the public purpose of continuing a grant to a nonprofit human services organization providing services to individuals and families in multiple locations in southwest Iowa and Nebraska for support of a project providing immediate, sensitive support and forensic interviews, medical exams, needs assessments, and referrals for victims of child abuse and their nonoffending family members.

16. Of the funds appropriated in this section, \$200,590 is allocated for the foster care youth council approach of providing a support network to children placed in foster care.

17. Of the funds appropriated in this section, \$202,000 is allocated for use pursuant to section 235A.1 for continuation of the initiative to address child sexual abuse implemented pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection 21.

18. Of the funds appropriated in this section, \$630,240 is allocated for the community partnership for child protection sites.

19. Of the funds appropriated in this section, \$371,250 is allocated for the department's minority youth and family projects under the redesign of the child welfare system.

20. Of the funds appropriated in this section, up to \$1,436,595 is allocated for funding of the community circle of care collaboration for children and youth in northeast Iowa. The department may determine the appropriate allocation of funding to ensure there is not duplication of services and that the needs of children and youth are met as they transition to an integrated health home.

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21. Of the funds appropriated in this section, at least \$147,158 shall be used for the child welfare training academy.

22. Of the funds appropriated in this section, \$25,000 shall be used for the public purpose of continuation of a grant to a child welfare services provider headquartered in a county with a population between 205,000 and 215,000 in the latest certified federal census that provides multiple services including but not limited to a psychiatric medical institution for children, shelter, residential treatment, after school programs, school-based programming, and an Asperger's syndrome program, to be used for support services for children with autism spectrum disorder and their families.

23. Of the funds appropriated in this section, \$25,000 shall be used for the public purpose of continuing a grant to a hospital-based provider headquartered in a county with a population between 90,000 and 95,000 in the latest certified federal census that provides multiple services including but not limited to diagnostic, therapeutic, and behavioral services to individuals with autism spectrum disorder across the lifespan. The grant recipient shall utilize the funds to continue the pilot project to determine the necessary support services for children with autism spectrum disorder and their families to be included in the children's disabilities services system. The grant recipient shall submit findings and recommendations based upon the results of the pilot project to the individuals specified in this division of this Act for submission of reports by December 31, 2013.

24. Of the funds appropriated in this section, \$327,947 shall be used for continuation of the central Iowa system of care program grant through June 30, 2014. The department may determine the appropriate allocation of funding to ensure there is not duplication of services and that the needs of children and youth are met as they transition to an integrated health home.

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25. Of the funds appropriated in this section, \$160,000 shall be used for the public purpose of the continuation of a system of care grant implemented in Cerro Gordo and Linn counties. The department may determine the appropriate allocation of funding to ensure there is not duplication of services and that the needs of children and youth are met as they transition to an integrated health home.

26. Of the funds appropriated in this section, at least \$25,000 shall be used to continue and to expand the foster care respite pilot program in which postsecondary students in social work and other human services-related programs receive experience by assisting family foster care providers with respite and other support.

Sec. 19. ADOPTION SUBSIDY.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For adoption subsidy payments and services:

..... \$ 40,729,282

2. The department may transfer funds appropriated in this section to the appropriation made in this division of this Act for general administration for costs paid from the appropriation relating to adoption subsidy.

3. Federal funds received by the state during the fiscal year beginning July 1, 2013, as the result of the expenditure of state funds during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for the services and activities funded under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund

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but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited in the juvenile detention home fund created in section 232.142 during the fiscal year beginning July 1, 2013, and ending June 30, 2014, are appropriated to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for distribution of an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the fiscal year beginning July 1, 2012. Moneys appropriated for distribution in accordance with this section shall be allocated among eligible detention homes, prorated on the basis of an eligible detention home's proportion of the costs of all eligible detention homes in the fiscal year beginning July 1, 2012. The percentage figure shall be determined by the department based on the amount available for distribution for the fund. Notwithstanding section 232.142, subsection 3, the financial aid payable by the state under that provision for the fiscal year beginning July 1, 2013, shall be limited to the amount appropriated for the purposes of this section.

Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the family support subsidy program subject to the enrollment restrictions in section 225C.37, subsection 3:
..... \$ 1,092,955

2. The department shall use at least \$483,500 of the moneys appropriated in this section for the family support center component of the comprehensive family support program under section 225C.47. Not more than \$25,000 of the amount allocated

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in this subsection shall be used for administrative costs.

3. If at any time during the fiscal year, the amount of funding available for the family support subsidy program is reduced from the amount initially used to establish the figure for the number of family members for whom a subsidy is to be provided at any one time during the fiscal year, notwithstanding section 225C.38, subsection 2, the department shall revise the figure as necessary to conform to the amount of funding available.

Sec. 22. CONNER DECREE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v. Branstad, No. 4-86-CV-30871(S.D. Iowa, July 14, 1994):

..... \$ 33,622

Sec. 23. MENTAL HEALTH INSTITUTES. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. For the state mental health institute at Cherokee for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 5,954,464
..... FTEs 169.20

If recommended by the superintendent, the department may sell or transfer ownership of unused facilities at the state mental health institute to the city in which the institute is located.

2. For the state mental health institute at Clarinda for

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salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:
..... \$ 6,751,868
..... FTEs 86.10

3. For the state mental health institute at Independence for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:
..... \$ 10,318,778
..... FTEs 233.00

4. For the state mental health institute at Mount Pleasant for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:
..... \$ 1,366,686
..... FTEs 97.92

Sec. 24. STATE RESOURCE CENTERS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

a. For the state resource center at Glenwood for salaries, support, maintenance, and miscellaneous purposes:
..... \$ 20,274,472

b. For the state resource center at Woodward for salaries, support, maintenance, and miscellaneous purposes:
..... \$ 14,220,463

2. The department may continue to bill for state resource center services utilizing a scope of services approach used for private providers of ICFID services, in a manner which does not shift costs between the medical assistance program, counties, or other sources of funding for the state resource centers.

3. The state resource centers may expand the time-limited assessment and respite services during the fiscal year.

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4. If the department's administration and the department of management concur with a finding by a state resource center's superintendent that projected revenues can reasonably be expected to pay the salary and support costs for a new employee position, or that such costs for adding a particular number of new positions for the fiscal year would be less than the overtime costs if new positions would not be added, the superintendent may add the new position or positions. If the vacant positions available to a resource center do not include the position classification desired to be filled, the state resource center's superintendent may reclassify any vacant position as necessary to fill the desired position. The superintendents of the state resource centers may, by mutual agreement, pool vacant positions and position classifications during the course of the fiscal year in order to assist one another in filling necessary positions.

5. If existing capacity limitations are reached in operating units, a waiting list is in effect for a service or a special need for which a payment source or other funding is available for the service or to address the special need, and facilities for the service or to address the special need can be provided within the available payment source or other funding, the superintendent of a state resource center may authorize opening not more than two units or other facilities and begin implementing the service or addressing the special need during fiscal year 2013-2014.

Sec. 25. SEXUALLY VIOLENT PREDATORS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For costs associated with the commitment and treatment of sexually violent predators in the unit located at the state

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mental health institute at Cherokee, including costs of legal services and other associated costs, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	9,416,969
.....	FTEs	124.50

2. Unless specifically prohibited by law, if the amount charged provides for recoupment of at least the entire amount of direct and indirect costs, the department of human services may contract with other states to provide care and treatment of persons placed by the other states at the unit for sexually violent predators at Cherokee. The moneys received under such a contract shall be considered to be repayment receipts and used for the purposes of the appropriation made in this section.

Sec. 26. FIELD OPERATIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For field operations, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	66,522,388
.....	FTEs	1,837.00

1. As a condition of this appropriation, the department shall make every possible effort to fill the entire number of positions authorized by this section and, unless specifically provided otherwise by an applicable collective bargaining agreement, the department is not subject to any approval requirement external to the department to fill a field operations vacancy within the number of full-time equivalent positions authorized by this section. The department shall report on the first of each month to the chairpersons and

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ranking members of the appropriations committees of the senate and house of representatives, and the persons designated by this Act for submission of reports concerning the status of filling the positions.

2. Priority in filling full-time equivalent positions shall be given to those positions related to child protection services and eligibility determination for low-income families.

Sec. 27. GENERAL ADMINISTRATION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For general administration, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 16,304,771
.....	FTEs 309.00

1. Of the funds appropriated in this section, \$63,543 is allocated for the prevention of disabilities policy council established in section 225B.3. Of the amount allocated in this subsection, \$25,000 shall be passed through to the council for the costs involved with holding a summit meeting of the multiple entities providing services to persons with disabilities. The focus of the summit meeting shall be to review existing disability prevention activities in order to identify cost effective public policy options for reaching the greatest number of children and adults in order to eliminate the risk of disabilities. The review shall also address options for health care services available to youth transitioning to the adult system of health care. The council shall report to the individuals identified in this Act for submission of reports within 60 calendar days of completing the summit meeting concerning the review, policy options identified, and recommendations made.

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2. The department shall report at least monthly to the legislative services agency concerning the department's operational and program expenditures.

3. Of the funds appropriated in this section, \$132,300 shall be used to continue the contract for the provision of a program to provide technical assistance, support, and consultation to providers of habilitation services and home and community-based services waiver services for adults with disabilities under the medical assistance program.

4. Of the funds appropriated in this section, \$50,000 is transferred to the Iowa finance authority to be used for administrative support of the council on homelessness established in section 16.100A and for the council to fulfill its duties in addressing and reducing homelessness in the state.

5. Of the funds appropriated in this section, \$250,000 is transferred to the department of inspections and appeals to be used to implement a new mental health advocate division in the department in accordance with 2013 Iowa Acts, Senate File 406, if enacted.

Sec. 28. VOLUNTEERS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For development and coordination of volunteer services:
..... \$ 84,660

Sec. 29. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE DEPARTMENT OF HUMAN SERVICES.

1. a. (1) For the fiscal year beginning July 1, 2013, the total state funding amount for the nursing facility budget shall not exceed \$268,712,511.

(2) For the fiscal year beginning July 1, 2013, the

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department shall rebase case-mix nursing facility rates effective July 1, 2013. However, total nursing facility budget expenditures, including both case-mix and noncase-mix, shall not exceed the amount specified in subparagraph (1). When calculating case-mix per diem cost and the patient-day-weighted medians used in rate-setting for nursing facilities effective July 1, 2013, the inflation factor applied from the midpoint of the cost report period to the first day of the state fiscal year rate period shall be adjusted to maintain state funding within the amount specified in subparagraph (1).

(3) The department, in cooperation with nursing facility representatives, shall review projections for state funding expenditures for reimbursement of nursing facilities on a quarterly basis and the department shall determine if an adjustment to the medical assistance reimbursement rate is necessary in order to provide reimbursement within the state funding amount for the fiscal year. Notwithstanding 2001 Iowa Acts, chapter 192, section 4, subsection 2, paragraph "c", and subsection 3, paragraph "a", subparagraph (2), if the state funding expenditures for the nursing facility budget for the fiscal year are projected to exceed the amount specified in subparagraph (1), the department shall adjust the reimbursement for nursing facilities reimbursed under the case-mix reimbursement system to maintain expenditures of the nursing facility budget within the specified amount for the fiscal year.

(4) For the fiscal year beginning July 1, 2013, special population nursing facilities shall be reimbursed in accordance with the methodology in effect on June 30, 2013.

b. (1) For the fiscal year beginning July 1, 2013, the department shall establish the pharmacy dispensing fee reimbursement at \$10.12 per prescription. Any subsequent actual dispensing fee shall be established within the range determined by a cost of dispensing survey performed by

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the department and required to be completed by all medical assistance program participating pharmacies every two years beginning in FY 2014-2015.

(2) The department shall utilize an average acquisition cost reimbursement methodology for pharmacy ingredient cost reimbursement of all drugs covered under the medical assistance program in accordance with 2012 Iowa Acts, chapter 1133, section 33.

c. (1) For the fiscal year beginning July 1, 2013, reimbursement rates for outpatient hospital services shall be increased 1 percent over the rates in effect on June 30, 2013, subject to Medicaid program upper payment limit rules.

(2) For the fiscal year beginning July 1, 2013, reimbursement rates for inpatient hospital services shall be increased by 1 percent over the rates in effect on June 30, 2013, subject to Medicaid program upper payment limit rules.

(3) For the fiscal year beginning July 1, 2013, the graduate medical education and disproportionate share hospital fund shall be increased by 1 percent over the amount in effect on June 30, 2013, except that the portion of the fund attributable to graduate medical education shall be reduced in an amount that reflects the elimination of graduate medical education payments made to out-of-state hospitals.

(4) In order to ensure the efficient use of limited state funds in procuring health care services for low-income Iowans, funds appropriated in this Act for hospital services shall not be used for activities which would be excluded from a determination of reasonable costs under the federal Medicare program pursuant to 42 U.S.C. § 1395X(v)(1)(N).

d. For the fiscal year beginning July 1, 2013, reimbursement rates for rural health clinics, hospices, and acute mental hospitals shall be increased in accordance with increases under the federal Medicare program or as supported by their Medicare audited costs.

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e. For the fiscal year beginning July 1, 2013, independent laboratories shall be reimbursed using the same methodology in effect on June 30, 2013, and reimbursement for rehabilitation agencies shall be increased by 1 percent over the rates in effect on June 30, 2013.

f. (1) For the fiscal year beginning July 1, 2013, rates for home health services shall be reimbursed based on the Medicare low utilization payment amount (LUPA) methodology with state geographic wage adjustments. The Medicare LUPA per-visit rates in effect on July 1, 2013, shall be utilized as the basis for establishing the initial reimbursement schedule. The department shall update the rates every two years to reflect the most recent Medicare LUPA rates. For the fiscal year beginning July 1, 2013, the department shall adjust the reimbursement rates as calculated under this paragraph to reflect the most recent Medicare LUPA rates for home health services, not to exceed an additional \$2,765,655.

(2) For the fiscal year beginning July 1, 2013, rates for private duty nursing and personal care services under the early and periodic screening, diagnostic, and treatment program benefit shall be established based on an hourly interim rate subject to cost settlement up to a limit calculated by the department, and subject to approval by the centers for Medicare and Medicaid services of the United States department of health and human services.

g. For the fiscal year beginning July 1, 2013, federally qualified health centers shall receive cost-based reimbursement for 100 percent of the reasonable costs for the provision of services to recipients of medical assistance.

h. For the fiscal year beginning July 1, 2013, the reimbursement rates for dental services shall be increased by 1 percent over the rates in effect on June 30, 2013.

i. (1) For the fiscal year beginning July 1, 2013, state-owned psychiatric medical institutions for children shall

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receive cost-based reimbursement for 100 percent of the actual and allowable costs for the provision of services to recipients of medical assistance.

(2) For the nonstate-owned psychiatric medical institutions for children, reimbursement rates shall be based on the reimbursement methodology developed by the department as required for federal compliance.

(3) As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.

j. For the fiscal year beginning July 1, 2013, unless otherwise specified in this Act, all noninstitutional medical assistance provider reimbursement rates shall be increased by 1 percent over the rates in effect on June 30, 2013, except for area education agencies, local education agencies, infant and toddler services providers, home and community-based services providers including consumer-directed attendant care providers under a section 1915(c) or 1915(i) waiver, targeted case management providers, and those providers whose rates are required to be determined pursuant to section 249A.20.

k. Notwithstanding any provision to the contrary, for the fiscal year beginning July 1, 2013, the reimbursement rate for anesthesiologists shall be increased by 1 percent over the rate in effect on June 30, 2013.

l. Notwithstanding section 249A.20, for the fiscal year beginning July 1, 2013, the average reimbursement rate for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology under that section shall be increased by 1 percent over the rate in effect on June 30, 2013; however, this rate shall not exceed the maximum level authorized by the federal government.

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m. For the fiscal year beginning July 1, 2013, the reimbursement rate for residential care facilities shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement. The flat reimbursement rate for facilities electing not to file annual cost reports shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

n. For the fiscal year beginning July 1, 2013, the reimbursement rates for inpatient mental health services provided at hospitals shall be increased by 1 percent over the rates in effect on June 30, 2013, subject to Medicaid program upper payment limit rules; community mental health centers and providers of mental health services to county residents pursuant to a waiver approved under section 225C.7, subsection 3, shall be reimbursed at 100 percent of the reasonable costs for the provision of services to recipients of medical assistance; and psychiatrists shall be reimbursed at the medical assistance program fee-for-service rate.

o. For the fiscal year beginning July 1, 2013, the reimbursement rate for providers of family planning services that are eligible to receive a 90 percent federal match shall be increased by 1 percent over the rates in effect on June 30, 2013.

p. For the fiscal year beginning July 1, 2013, the upper limits on reimbursement rates for providers of home and community-based services waiver services shall be the limits in effect on June 30, 2013, pursuant to 441 IAC 79.1(2) based on federal Medicare rates, federal veterans administration rates, or the dollar amount specified in the rule, increased by 3 percent.

q. For the fiscal year beginning July 1, 2013, the reimbursement rate for emergency medical services providers

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shall be increased by 10 percent over the rates in effect on June 30, 2013.

2. For the fiscal year beginning July 1, 2013, the reimbursement rate for providers reimbursed under the in-home-related care program shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

3. Unless otherwise directed in this section, when the department's reimbursement methodology for any provider reimbursed in accordance with this section includes an inflation factor, this factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

4. a. For the fiscal year beginning July 1, 2013, notwithstanding section 234.38, the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages 0 through 5 years shall be \$16.78, the rate for children ages 6 through 11 years shall be \$17.45, the rate for children ages 12 through 15 years shall be \$19.10, and the rate for children and young adults ages 16 and older shall be \$19.35. For youth ages 18 to 21 who have exited foster care, the maximum preparation for adult living program maintenance rate shall be \$602.70 per month. The maximum payment for adoption subsidy nonrecurring expenses shall be limited to \$500 and the disallowance of additional amounts for court costs and other related legal expenses implemented pursuant to 2010 Iowa Acts, chapter 1031, section 408 shall be continued.

b. (1) For the fiscal year beginning July 1, 2013, the reimbursement rates for child welfare services providers shall be increased by 5 percent over the rates in effect on June 30, 2013, and the maximum reimbursement rate for group foster care providers, including service and maintenance costs, shall be increased by 5 percent.

(2) For purposes of this lettered paragraph, "child welfare

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services providers" means the resource family recruitment and retention contractors, the family safety, risk, and permanency services (family-centered) contractors, the child welfare emergency services contractors, and supervised apartment living foster care providers.

c. For the fiscal year beginning July 1, 2013, the maximum reimbursement rates under the supervised apartment living program other than foster care-related, and for social services providers under contract, shall be increased by 5 percent over the rates in effect on June 30, 2013, or the provider's actual and allowable cost plus inflation for each service, whichever is less. However, if a new service or service provider is added after June 30, 2013, the initial reimbursement rate for the service or provider shall be based upon a weighted average of provider rates for similar services.

d. The group foster care reimbursement rates paid for placement of children out of state shall be calculated according to the same rate-setting principles as those used for in-state providers, unless the director of human services or the director's designee determines that appropriate care cannot be provided within the state. The payment of the daily rate shall be based on the number of days in the calendar month in which service is provided.

5. a. For the fiscal year beginning July 1, 2013, the reimbursement rate paid for shelter care and the child welfare emergency services implemented to provide or prevent the need for shelter care shall be established by contract.

b. For the fiscal year beginning July 1, 2013, the combined service and maintenance components of the reimbursement rate paid for shelter care services shall be based on the financial and statistical report submitted to the department. The maximum reimbursement rate shall be \$96.98 per day. The department shall reimburse a shelter care provider at the provider's actual and allowable unit cost, plus inflation, not

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to exceed the maximum reimbursement rate.

c. Notwithstanding section 232.141, subsection 8, for the fiscal year beginning July 1, 2013, the amount of the statewide average of the actual and allowable rates for reimbursement of juvenile shelter care homes that is utilized for the limitation on recovery of unpaid costs shall be increased by \$4.62 over the amount in effect for this purpose in the preceding fiscal year.

6. For the fiscal year beginning July 1, 2013, the department shall calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities at the 80th percentile. Beginning July 1, 2013, the rate calculation methodology shall utilize the consumer price index inflation factor applicable to the fiscal year beginning July 1, 2013.

7. For the fiscal year beginning July 1, 2013, for child care providers reimbursed under the state child care assistance program, the department shall set provider reimbursement rates based on the rate reimbursement survey completed in December 2004. Effective July 1, 2013, the child care provider reimbursement rates shall be increased by 4 percent over the rates in effect on June 30, 2013. The department shall set rates in a manner so as to provide incentives for a nonregistered provider to become registered by applying the increase only to registered and licensed providers.

8. Any increase specified in a provider's reimbursement rate in accordance with this section shall be used to increase compensation and costs of employment, including benefits, for nonadministrative staff.

9. The department may adopt emergency rules to implement this section.

Sec. 30. EMERGENCY RULES.

1. If specifically authorized by a provision of this division of this Act for the fiscal year beginning July 1,

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2013, the department of human services or the mental health and disability services commission may adopt administrative rules under section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b", to implement the provisions and the rules shall become effective immediately upon filing or on a later effective date specified in the rules, unless the effective date is delayed by the administrative rules review committee. Any rules adopted in accordance with this section shall not take effect before the rules are reviewed by the administrative rules review committee. The delay authority provided to the administrative rules review committee under section 17A.4, subsection 7, and section 17A.8, subsection 9, shall be applicable to a delay imposed under this section, notwithstanding a provision in those sections making them inapplicable to section 17A.5, subsection 2, paragraph "b". Any rules adopted in accordance with the provisions of this section shall also be published as notice of intended action as provided in section 17A.4.

2. If during the fiscal year beginning July 1, 2013, the department of human services is adopting rules in accordance with this section or as otherwise directed or authorized by state law, and the rules will result in an expenditure increase beyond the amount anticipated in the budget process or if the expenditure was not addressed in the budget process for the fiscal year, the department shall notify the persons designated by this division of this Act for submission of reports, the chairpersons and ranking members of the committees on appropriations, and the department of management concerning the rules and the expenditure increase. The notification shall be provided at least 30 calendar days prior to the date notice of the rules is submitted to the administrative rules coordinator and the administrative code editor.

Sec. 31. REPORTS. Any reports or other information required to be compiled and submitted under this Act during the

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fiscal year beginning July 1, 2013, shall be submitted to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, the legislative services agency, and the legislative caucus staffs on or before the dates specified for submission of the reports or information.

DIVISION VI

HEALTH CARE ACCOUNTS AND FUNDS — FY 2013-2014

Sec. 32. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is appropriated from the pharmaceutical settlement account created in section 249A.33 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

Notwithstanding any provision of law to the contrary, to supplement the appropriations made in this Act for medical contracts under the medical assistance program for the fiscal year beginning July 1, 2013, and ending June 30, 2014:

..... \$ 6,650,000

Sec. 33. APPROPRIATIONS FROM IOWACARE ACCOUNT.

1. There is appropriated from the IowaCare account created in section 249J.24 to the state board of regents for distribution to the university of Iowa hospitals and clinics for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, maintenance, equipment, and miscellaneous purposes, for the provision of medical and surgical treatment of indigent patients, for provision of services to members of the expansion population pursuant to chapter 249J, for medical education and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under chapter 249J:

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..... \$ 13,642,292

a. (1) Funds appropriated in this subsection used for abortions shall be used in a manner consistent with options under federal Medicaid law and regulation. Funds appropriated in this subsection shall not be used for abortions, unless otherwise authorized under the appropriation in this Act for the medical assistance program.

(2) Iowans support reducing the number of abortions performed in our state. For an abortion covered under this subsection, except in the case of a medical emergency, as defined in section 135L.1, for any woman, the physician shall certify both of the following:

(a) That the woman has been given the opportunity to view an ultrasound image of the fetus as part of the standard of care before an abortion is performed.

(b) That the woman has been provided information regarding the options relative to a pregnancy, including continuing the pregnancy to term and retaining parental rights following the child's birth, continuing the pregnancy to term and placing the child for adoption, and terminating the pregnancy.

b. Notwithstanding any provision of law to the contrary, the amount appropriated in this subsection shall be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid enterprise.

c. The university of Iowa hospitals and clinics shall certify public expenditures in an amount equal to provide the nonfederal share on total expenditures not to exceed \$10,000,000.

2. There is appropriated from the IowaCare account created in section 249J.24 to the state board of regents for distribution to the university of Iowa hospitals and clinics for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as

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is necessary, to be used for the purposes designated:

For salaries, support, maintenance, equipment, and miscellaneous purposes, for the provision of medical and surgical treatment of indigent patients, for provision of services to members of the expansion population pursuant to chapter 249J, and for medical education:

..... \$ 26,284,600

Notwithstanding any provision of law to the contrary, the amount appropriated in this subsection shall be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid enterprise.

3. There is appropriated from the IowaCare account created in section 249J.24 to the state board of regents for distribution to university of Iowa physicians for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary to be used for the purposes designated:

For salaries, support, maintenance, equipment, and miscellaneous purposes for the provision of medical and surgical treatment of indigent patients, for provision of services to members of the expansion population pursuant to chapter 249J, and for medical education:

..... \$ 9,903,183

Notwithstanding any provision of law to the contrary, the amount appropriated in this subsection shall be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid enterprise. Once the entire amount appropriated in this subsection has been distributed, claims shall continue to be submitted and adjudicated by the Iowa Medicaid enterprise; however, no payment shall be made based upon such claims.

4. There is appropriated from the IowaCare account created in section 249J.24 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30,

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2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For distribution to a publicly owned acute care teaching hospital located in a county with a population over 350,000 for the provision of medical and surgical treatment of indigent patients, for provision of services to members of the expansion population pursuant to chapter 249J, and for medical education:
..... \$ 35,500,000

a. Notwithstanding any provision of law to the contrary, the amount appropriated in this subsection shall be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid enterprise plus a monthly disproportionate share hospital payment. Any amount appropriated in this subsection in excess of \$32,500,000 shall be distributed only if the sum of the expansion population claims adjudicated and paid by the Iowa Medicaid enterprise plus the estimated disproportionate share hospital payments exceeds \$32,500,000. The amount paid in excess of \$32,500,000 shall not adjust the original monthly payment amount but shall be distributed monthly based on actual claims adjudicated and paid by the Iowa Medicaid enterprise plus the estimated disproportionate share hospital amount. Any amount appropriated in this subsection in excess of \$32,500,000 shall be allocated only if federal funds are available to match the amount allocated. Pursuant to paragraph "b", of the amount appropriated in this subsection, not more than \$2,000,000 shall be distributed for prescription drugs, podiatry services, optometric services, and durable medical equipment.

b. Notwithstanding any provision of law to the contrary, the hospital identified in this subsection shall be reimbursed for outpatient prescription drugs, podiatry services, optometric services, and durable medical equipment provided to members of the expansion population pursuant to all applicable medical assistance program rules, in an amount not to exceed

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\$2,000,000.

c. Notwithstanding the total amount of proceeds distributed pursuant to section 249J.24, subsection 4, paragraph "a", unnumbered paragraph 1, for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the county treasurer of a county with a population of over 350,000 in which a publicly owned acute care teaching hospital is located shall distribute the proceeds collected pursuant to section 347.7 between July 1, 2013, and December 31, 2013, in a total amount of \$19,000,000, which would otherwise be distributed to the county hospital, to the treasurer of state for deposit in the IowaCare account.

d. Notwithstanding the amount collected and distributed for deposit in the IowaCare account pursuant to section 249J.24, subsection 4, paragraph "a", subparagraph (1), the first \$19,000,000 in proceeds collected pursuant to section 347.7 between July 1, 2013, and December 31, 2013, shall be distributed to the treasurer of state for deposit in the IowaCare account and collections during this time period in excess of \$19,000,000 shall be distributed to the acute care teaching hospital identified in this subsection. Of the collections in excess of the \$19,000,000 received by the acute care teaching hospital under this paragraph "d", \$2,000,000 shall be distributed by the acute care teaching hospital to the treasurer of state for deposit in the IowaCare account in the month of January 2014, following the July 1 through December 31, 2013, period.

5. There is appropriated from the IowaCare account created in section 249J.24 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary to be used for the purpose designated:

For payment to the regional provider network specified

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by the department pursuant to section 249J.7 for provision of covered services to members of the expansion population pursuant to chapter 249J:

..... \$ 2,993,183

Notwithstanding any provision of law to the contrary, the amount appropriated in this subsection shall be distributed based on claims submitted, adjudicated, and paid by the Iowa Medicaid enterprise. Once the entire amount appropriated in this subsection has been distributed, claims shall continue to be submitted and adjudicated by the Iowa Medicaid enterprise; however, no payment shall be made based upon such claims.

6. There is appropriated from the IowaCare account created in section 249J.24 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For a care coordination pool to pay the expansion population providers consisting of the university of Iowa hospitals and clinics, the publicly owned acute care teaching hospital as specified in section 249J.7, and current medical assistance program providers that are not expansion population network providers pursuant to section 249J.7, for services covered by the full benefit medical assistance program but not under the IowaCare program pursuant to section 249J.6, that are provided to expansion population members:

..... \$ 1,500,000

a. Notwithstanding sections 249J.6 and 249J.7, the amount appropriated in this subsection is intended to provide payment for medically necessary services provided to expansion population members for continuation of care provided by the university of Iowa hospitals and clinics or the publicly owned acute care teaching hospital as specified in section 249J.7. Payment may only be made for services that are not otherwise

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covered under section 249J.6, and which are follow-up services to covered services provided by the hospitals specified in this paragraph "a".

b. The funds appropriated in this subsection are intended to provide limited payment for continuity of care services for an expansion population member, and are intended to cover the costs of services to expansion population members, regardless of the member's county of residence or medical home assignment, if the care is related to specialty or hospital services provided by the hospitals specified in paragraph "a".

c. The funds appropriated in this subsection are not intended to provide for expanded coverage under the IowaCare program, and shall not be used to cover emergency transportation services.

d. The department shall adopt administrative rules pursuant to chapter 17A to establish a prior authorization process and to identify covered services for reimbursement under this subsection.

7. There is appropriated from the IowaCare account created in section 249J.24 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary, for the purposes designated:

For transfer to the medical contracts appropriation in this division of this Act to be used for administrative costs associated with chapter 249J including eligibility determinations:

..... \$ 371,552

8. For the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the state board of regents shall transfer \$637,789 to the IowaCare account created in section 249J.24, to provide the nonfederal share for distribution to

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university of Iowa physicians under the IowaCare program. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in IowaCare program payments.

Sec. 34. APPROPRIATIONS FROM NONPARTICIPATING PROVIDER REIMBURSEMENT FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary, and subject to the availability of funds, there is appropriated from the nonparticipating provider reimbursement fund created in section 249J.24A to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, for the program period beginning July 1, 2013, and ending December 31, 2013, the following amount, or so much thereof as is necessary, for the purposes designated:

To reimburse nonparticipating providers in accordance with section 249J.24A:

..... \$ 1,000,000

Sec. 35. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the quality assurance trust fund created in section 249L.4 to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, for the purposes designated:

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

..... \$ 28,788,917

Sec. 36. HOSPITAL HEALTH CARE ACCESS TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the hospital health care access trust fund created in section 249M.4 to the department of human services

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for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amounts, or so much thereof as is necessary, for the purposes designated:

1. To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

..... \$ 34,288,000

2. For deposit in the nonparticipating provider reimbursement fund created in section 249J.24A to be used for the purposes of the fund:

..... \$ 412,000

Sec. 37. MEDICAL ASSISTANCE PROGRAM — NONREVERSION FOR FY 2013-2014. Notwithstanding section 8.33, if moneys appropriated for purposes of the medical assistance program for the fiscal year beginning July 1, 2013, and ending June 30, 2014, from the general fund of the state, the quality assurance trust fund and the hospital health care access trust fund, are in excess of actual expenditures for the medical assistance program and remain unencumbered or unobligated at the close of the fiscal year, the excess moneys shall not revert but shall remain available for expenditure for the purposes of the medical assistance program until the close of the succeeding fiscal year.

DIVISION VII

PRIOR YEAR APPROPRIATIONS

RESPIRE

Sec. 38. 2011 Iowa Acts, chapter 129, section 128, as amended by 2012 Iowa Acts, chapter 1133, section 22, subsection 26, is amended to read as follows:

26. Of the funds appropriated in this section, at least \$25,000 shall be used to continue and to expand the foster care respite pilot program in which postsecondary students in social work and other human services-related programs receive experience by assisting family foster care providers with

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respite and other support. Notwithstanding section 8.33, moneys allocated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

MEDICAL ASSISTANCE — GENERAL FUND

Sec. 39. 2011 Iowa Acts, chapter 129, section 122, unnumbered paragraph 2, is amended to read as follows:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2012, except as otherwise expressly authorized by law, ~~and~~ consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

..... ~~\$914,993,421~~
975,993,421

Sec. 40. 2011 Iowa Acts, chapter 129, section 122, is amended by adding the following new subsection:

NEW SUBSECTION. 1A. Funds appropriated under this section shall not be used for abortions, unless otherwise authorized under this section.

MEDICAL ASSISTANCE — IOWACARE TRANSFER ALLOCATION

Sec. 41. 2011 Iowa Acts, chapter 129, section 122, subsection 13, as amended by 2012 Iowa Acts, chapter 1133, section 10, is amended to read as follows:

13. Of the funds appropriated in this section, up to ~~\$8,684,329~~ \$16,004,422 may be transferred to the IowaCare account created in section 249J.24.

ADOPTION SUBSIDY — GENERAL FUND

Sec. 42. 2011 Iowa Acts, chapter 129, section 129, as amended by 2012 Iowa Acts, chapter 1133, section 23, subsection 1, is amended to read as follows:

1. There is appropriated from the general fund of the

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state to the department of human services for the fiscal year beginning July 1, 2012, and ending June 30, 2013, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For adoption subsidy payments and services:

.....	\$ 36,788,576
	<u>37,743,429</u>

NURSING FACILITY REIMBURSEMENT

Sec. 43. 2011 Iowa Acts, chapter 129, section 141, subsection 1, paragraph a, subparagraph (1), as amended by 2012 Iowa Acts, chapter 1133, section 32, is amended to read as follows:

(1) For the fiscal year beginning July 1, 2012, the total state funding amount for the nursing facility budget shall not exceed ~~\$237,226,901~~ \$239,226,901.

Sec. 44. 2012 Iowa Acts, chapter 1133, section 55, is amended to read as follows:

SEC. 55. REPLACEMENT GENERATION TAX REVENUES — LEVY RATES FOR FY 2011-2012 AND FY 2012-2013.

1. a. For the fiscal year beginning July 1, 2011, and ending June 30, 2012, and for the fiscal year beginning July 1, 2012, and ending June 30, 2013, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph "f", shall instead be credited to the mental health and disability services redesign fund created in this division of this Act.

b. If this section of this division of this Act is enacted after the department of management has reduced county certified budgets and revised rates of taxation pursuant to section 426B.2, subsection 3, paragraph "b", to reflect anticipated replacement generation tax revenues, and the enactment date is during the period beginning May 1, 2012, and ending June 30, 2012, the reductions and revisions shall be rescinded and the

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department of management shall expeditiously report that fact to the county auditors.

2. Except as otherwise provided in subsection 1 for department of management reductions of certified budgets and revisions of tax rates and rescinding of those reductions and revisions, the budgets and tax rates certified for a county services fund under section 331.424A, for the fiscal year beginning July 1, 2012, shall remain in effect, notwithstanding section 426B.3, subsection 1, the property tax relief fund payment and other services fund financing changes made in this division of this Act, or other statutory amendments affecting county services funds for the fiscal year to the contrary.

Sec. 45. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 46. RETROACTIVE APPLICABILITY. The following provision of this Act applies retroactively to July 1, 2011:

1. The section amending 2012 Iowa Acts, chapter 1133, section 55.

DIVISION VIII

CHILD WELFARE AND CHILD CARE

Sec. 47. Section 232.142, subsection 5, Code 2013, is amended to read as follows:

5. The director shall approve annually all such homes established and maintained under the provisions of this chapter. A home shall not be approved unless it complies with minimal rules and standards adopted by the director and has been inspected by the department of inspections and appeals. The statewide number of beds in the homes approved by the director shall not exceed two hundred sixty-two beds.

DIVISION IX

AGING

Sec. 48. Section 231.33, subsection 21, Code 2013, if enacted by 2013 Iowa Acts, Senate File 184, section 22, is

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amended to read as follows:

21. Comply with all applicable requirements of the Iowa public employees' retirement system established pursuant to chapter 97B. Notwithstanding any provision to the contrary, an employee of an area agency on aging that was enrolled in an alternative qualified plan prior to July 1, 2012, may continue participation in that alternative qualified plan in lieu of mandatory participation in the Iowa public employees' retirement system.

Sec. 49. Section 231.42, subsection 7, paragraph a, Code 2013, is amended to read as follows:

a. An officer, owner, director, or employee of a long-term care facility, assisted living program, or elder group home who intentionally prevents, interferes with, or attempts to impede the work of the state or a local long-term care resident's advocate is subject to a penalty imposed by the director of not more than one thousand five hundred dollars for each violation. If the director imposes a penalty for a violation under this paragraph, no other state agency shall impose a penalty for the same interference violation. Any moneys collected pursuant to this subsection shall be deposited in the general fund of the state and are appropriated to the office of long-term care resident's advocate to be used for administration and the duties of the office.

Sec. 50. TASK FORCE ON ELDER ABUSE PREVENTION AND INTERVENTION.

1. The department on aging shall continue a task force on elder abuse prevention and intervention to continue the work of the elder abuse task force established pursuant to 2012 Iowa Acts, chapter 1056. The task force shall include representatives of the department on aging, the office of long-term care resident's advocate, the department of human services, the department of inspections and appeals, the department of public health, the office of the attorney

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general, the department of veterans affairs, the department of public safety, the insurance division of the department of commerce, a county attorney's office with experience in prosecuting elder abuse, the superintendent of banking, the courts, the elder law section of the Iowa state bar association, and other affected stakeholders. The task force shall form workgroups as necessary to address the specific recommendations.

2. The task force shall review the report of the elder abuse task force submitted in December 2012, develop an implementation plan for the recommendations, and make any additional recommendations as necessary. The implementation plan and additional recommendations shall address all of the following:

a. The design of the comprehensive approach to elder abuse prevention and intervention in the state utilizing the prevention of elder abuse program pursuant to section 231.56A and the office of substitute decision maker pursuant to chapter 231E. The design shall also address all of the following:

(1) Harmonization of the approach design with the existing dependent adult abuse system pursuant to chapter 235B, including but not limited to standardized training, collaboration between the elder abuse approach and the department of human services when a report of dependent adult abuse involves an older individual, and the membership of multidisciplinary teams.

(2) Incorporation of the approach design into other existing and developing components of the system including the area agencies on aging, the mental health and disability services regions, local public health departments, the local offices of the department on human services, the courts, and other appropriate entities, to most effectively and efficiently address the needs of older individuals.

b. The definition of elder abuse to be used in the approach

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to elder abuse. The task force shall address continued use of the definition of "elder abuse" as specified under the federal Older Americans Act and utilized by the prevention of elder abuse program under section 231.56A, or shall provide a specific alternative definition.

c. The designation of a single point of contact to report elder abuse. The task force shall specifically address utilizing the aging and disability resource center network as the single point of contact.

d. The means of addressing financial exploitation of older individuals, including those relating to powers of attorney and conservatorships as described in the 2012 task force report.

e. Promotion of public awareness of elder abuse and the services and support available to older individuals at risk of or experiencing elder abuse.

f. Any specific changes in statute and rules necessary to achieve the recommendations of the task force.

3. The task force shall submit a progress report to the elder abuse prevention and intervention legislative interim committee established pursuant to this Act for review, by October 31, 2013, and shall submit a final report of its recommendations and proposed legislation following approval by the legislative interim committee to the governor and the general assembly no later than December 31, 2013.

Sec. 51. LEGISLATIVE INTERIM COMMITTEE. The legislative council is requested to establish a legislative interim committee on elder abuse prevention and intervention for the 2013 legislative interim to monitor the progress of, and provide direction to, the task force on elder abuse prevention and intervention created in this Act. The legislative committee shall review the progress report and approve the final report of the task force and shall submit the committee's recommendations and a final report to the general assembly following completion of the committee's work.

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Sec. 52. PILOT PROJECT — GUARDIANSHIP AND CONSERVATORSHIP MONITORING. The department on aging shall collaborate with the national health law and policy resource center at the university of Iowa college of law to establish a three-year pilot project to train, recruit, and oversee volunteers to assist the courts in monitoring guardianships and conservatorships and to provide assistance to guardians and conservators. The pilot project shall be implemented initially in the sixth judicial district. The pilot project shall be utilized to establish a basis for an ongoing guardianship and conservatorship monitoring and assistance program administered through the department on aging. The department on aging shall submit an annual report to the individuals identified in this Act for submission of reports. The annual report shall include the objectives and results for the pilot project year, how the funds allocated were utilized in meeting the pilot project's objectives, the number of individuals served, the types of services provided, any other sources of funding utilized or identified as available for the pilot project, and the continuing needs of the pilot project.

Sec. 53. EFFECTIVE UPON ENACTMENT. The section of this division of this Act establishing a task force on elder abuse prevention, being deemed of immediate importance, takes effect upon enactment.

Sec. 54. EFFECTIVE UPON ENACTMENT. The section of this division of this Act amending section 231.33, subsection 21, as enacted by 2013 Iowa Acts, Senate File 184, being deemed of immediate importance, takes effect upon enactment.

Sec. 55. RETROACTIVE APPLICABILITY. The section of this division of this Act amending section 231.33, subsection 21, as enacted by 2013 Iowa Acts, Senate File 184, applies retroactively to July 1, 2012.

DIVISION X
EMS TASK FORCE

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Sec. 56. EMERGENCY MEDICAL SERVICES TASK FORCE AND REPORT.

1. The department of public health shall establish a task force to ensure the future availability of quality emergency medical services for the state.

2. The members of the task force shall be appointed by the director of the department of public health, or the director's designee, as follows:

a. A manager of a rural volunteer emergency medical transport service.

b. A manager of a rural paid emergency medical transport service.

c. A manager of an urban emergency medical transport service.

d. A manager of a nontransport emergency medical service.

e. A representative of a fire department-based emergency medical service.

f. A representative of a hospital-based emergency medical service.

g. A representative of a private, for-profit emergency medical transport service.

h. A representative of a not-for-profit emergency medical transport service.

i. A representative of the Iowa emergency medical services association board of directors.

j. A representative of an emergency medical services training agency.

k. An urban emergency department physician.

l. A rural emergency department physician.

m. A representative of the Iowa emergency nurses association.

n. A representative of the Iowa alliance in home care.

o. A representative of an emergency medical service air ambulance.

p. A representative of the Iowa hospital association.

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q. A representative of the private insurance industry.

r. A representative of the Iowa Medicaid enterprise division of the department of human services.

s. A representative of city government.

t. A representative of county government.

u. A representative of the nursing facility industry.

v. A representative of the Iowa behavioral health association.

w. A consumer of emergency medical services.

x. An advanced registered nurse practitioner.

3. The task force shall discuss the current state of emergency medical services in Iowa and make recommendations for enhancement of Iowa's emergency medical services system. The recommendations shall address issues facing volunteer and paid rural emergency medical services, cost projections including administration costs for all recommendations, the Medicaid reimbursement fee schedule for ambulance services, and the nature and scope of any recommended changes in regulations governing emergency medical services.

4. The task force shall, by December 15, 2013, submit a final report of its findings and recommendations to the governor, the general assembly, the department of public health, and the emergency medical services advisory council. The emergency medical services advisory council shall review the report and make recommendations related to implementation of the report's recommendations to the director of the department of public health.

DIVISION XI

HOSPITAL PROVIDER TAX

Sec. 57. Section 249M.5, Code 2013, is amended to read as follows:

249M.5 Future repeal.

This chapter is repealed June 30, ~~2013~~ 2016.

Sec. 58. EFFECTIVE UPON ENACTMENT. The section of this

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division of this Act relating to the future repeal of the hospital health care access assessment program chapter, being deemed of immediate importance, takes effect upon enactment.

DIVISION XII

ILL AND HANDICAPPED WAIVER NAME CHANGE

Sec. 59. Section 423.3, subsection 18, paragraph f, subparagraph (1), Code 2013, is amended to read as follows:

(1) ~~Ill and handicapped~~ Health and disability waiver service providers, described in 441 IAC 77.30.

DIVISION XIII

FAMILY PLANNING WAIVER

Sec. 60. 2010 Iowa Acts, chapter 1192, section 11, subsection 24, paragraph a, subparagraph (1), subparagraph division (a), is amended to read as follows:

(a) Are uninsured or have health insurance coverage ~~that does not include coverage for benefits provided under the Iowa family planning network~~ subject to the medical assistance program being the payer of last resort.

Sec. 61. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION XIV

MISCELLANEOUS HEALTH CARE AMENDMENTS

Sec. 62. Section 249A.2, subsection 1, Code 2013, is amended by striking the subsection.

Sec. 63. Section 249A.2, subsections 4 and 7, Code 2013, are amended to read as follows:

4. "*Discretionary medical assistance*" means mandatory medical assistance or ~~additional~~ optional medical assistance provided to medically needy individuals whose income and resources are in excess of eligibility limitations but are insufficient to meet all of the costs of necessary medical care and services, provided that if the assistance includes services in institutions for mental diseases or intermediate

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care facilities for persons with an intellectual disability, or both, for any group of such individuals, the assistance also includes for all covered groups of such individuals at least the care and services enumerated in Tit. XIX of the federal Social Security Act, section 1905(a), paragraphs (1) through (5), and (17), as codified in 42 U.S.C. § 1396d(a), pars. (1) through (5), and (17), or any seven of the care and services enumerated in Tit. XIX of the federal Social Security Act, section 1905(a), paragraphs (1) through ~~(7) and (9) through (18)~~ (24), as codified in 42 U.S.C. § 1396d(a), ~~pars. paragraphs~~ (1) through ~~(7), and (9) through (18)~~ (24).

7. "*Medical assistance*" or "*Medicaid*" means payment of all or part of the costs of the care and services ~~required to be provided by~~ made in accordance with Tit. XIX of the federal Social Security Act, ~~section 1905(a), paragraphs (1) through (5), and (17), as codified in 42 U.S.C. § 1396d(a), pars. (1) through (5), and (17)~~ and authorized pursuant to this chapter.

Sec. 64. Section 249A.2, Code 2013, is amended by adding the following new subsections:

NEW SUBSECTION. 6A. "*Mandatory medical assistance*" means payment of all or part of the costs of the care and services required to be provided by Tit. XIX of the federal Social Security Act, section 1905(a), paragraphs (1) through (5), (17), (21), and (28), as codified in 42 U.S.C. § 1396d(a), paragraphs (1) through (5), (17), (21), and (28).

NEW SUBSECTION. 7A. "*Medical assistance program*" or "*Medicaid program*" means the program established under this chapter to provide medical assistance.

NEW SUBSECTION. 8A. "*Optional medical assistance*" means payment of all or part of the costs of any or all of the care and services authorized to be provided by Tit. XIX of the federal Social Security Act, section 1905(a), paragraphs (6) through (16), (18) through (20), (22) through (27), and (29), as codified in 42 U.S.C. § 1396d(a), paragraphs (6) through

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(16), and (18) through (20), (22) through (27), and (29).

Sec. 65. Section 249A.3, subsection 1, unnumbered paragraph 1, Code 2013, is amended to read as follows:

~~Medical~~ Mandatory medical assistance shall be provided to, or on behalf of, any individual or family residing in the state of Iowa, including those residents who are temporarily absent from the state, who:

Sec. 66. Section 249A.3, subsection 1, paragraph 1, subparagraph (2), Code 2013, is amended to read as follows:

(2) ~~Additionally, effective July 1, 2009, medical assistance shall be provided to~~ Is a pregnant woman or infant whose family income is at or below three hundred percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services, if otherwise eligible.

Sec. 67. Section 249A.3, subsection 2, paragraph a, unnumbered paragraph 1, Code 2013, is amended to read as follows:

~~Medical~~ Mandatory medical assistance may also, within the limits of available funds and in accordance with section 249A.4, subsection 1, be provided to, or on behalf of, other individuals and families who are not excluded under subsection 5 of this section and whose incomes and resources are insufficient to meet the cost of necessary medical care and services in accordance with the following order of priorities:

Sec. 68. Section 249A.3, subsection 2, paragraph a, subparagraph (1), subparagraph division (a), Code 2013, is amended to read as follows:

(a) As allowed under 42 U.S.C. § 1396a(a)(10)(A)(ii)(XIII), individuals with disabilities, who are less than sixty-five years of age, who are members of families whose income is less than two hundred fifty percent of the most recently revised official poverty guidelines published by the United States department of health and human services for the family, who

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have earned income and who are eligible for mandatory medical assistance or ~~additional~~ optional medical assistance under this section if earnings are disregarded. As allowed by 42 U.S.C. § 1396a(r)(2), unearned income shall also be disregarded in determining whether an individual is eligible for assistance under this subparagraph. For the purposes of determining the amount of an individual's resources under this subparagraph and as allowed by 42 U.S.C. § 1396a(r)(2), a maximum of ten thousand dollars of available resources shall be disregarded, and any additional resources held in a retirement account, in a medical savings account, or in any other account approved under rules adopted by the department shall also be disregarded.

Sec. 69. Section 249A.3, subsection 2, paragraph a, subparagraph (3), Code 2013, is amended to read as follows:

(3) Individuals who are receiving care in a hospital or in a basic nursing home, intermediate nursing home, skilled nursing home or extended care facility, as defined by section 135C.1, and who meet all eligibility requirements for federal supplemental security income except that their income exceeds the allowable maximum ~~therefor~~ for such eligibility, but whose income is not in excess of the maximum established ~~by subsection 4~~ for eligibility for discretionary medical assistance and is insufficient to meet the full cost of their care in the hospital or health care facility on the basis of standards established by the department.

Sec. 70. Section 249A.3, subsection 2, paragraph b, Code 2013, is amended to read as follows:

b. Notwithstanding the provisions of this subsection establishing priorities for individuals and families to receive mandatory medical assistance, the department may determine within the priorities listed in this subsection which persons shall receive mandatory medical assistance based on income levels established by the department, subject to the limitations provided in subsection 4.

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Sec. 71. Section 249A.3, subsection 3, Code 2013, is amended to read as follows:

3. ~~Additional~~ Optional medical assistance may, within the limits of available funds and in accordance with section 249A.4, subsection 1, be provided to, or on behalf of, either of the following groups of individuals and families:

a. Only those individuals and families described in subsection 1 ~~of this section; or.~~

b. Those individuals and families described in both subsections 1 and 2.

Sec. 72. Section 249A.4, subsection 9, unnumbered paragraph 1, Code 2013, is amended to read as follows:

Adopt rules pursuant to chapter 17A in determining the method and level of reimbursement for all medical and health services ~~referred to in section 249A.2, subsection 1 or 7 to be provided under the medical assistance program,~~ after considering all of the following:

Sec. 73. Section 249B.1, subsection 6, Code 2013, is amended to read as follows:

6. "*Medical assistance*" means "mandatory medical assistance", ~~"additional "~~ "optional medical assistance", "*discretionary medical assistance*" or "*medicare cost sharing*" as defined in section 249A.2 which is provided to an individual pursuant to chapter 249A and Tit. XIX of the federal Social Security Act.

Sec. 74. Section 249F.1, subsection 1, Code 2013, is amended to read as follows:

1. "*Medical assistance*" means "mandatory medical assistance", ~~"additional "~~ "optional medical assistance", "*discretionary medical assistance*", or "*Medicare cost sharing*" as each is defined in section 249A.2 which is provided to an individual pursuant to chapter 249A and Tit. XIX of the federal Social Security Act.

Sec. 75. Section 509.1, subsection 7, Code 2013, is amended to read as follows:

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7. A policy issued to the department of human services, which shall be deemed the policyholder, to insure eligible persons for medical assistance, or for both mandatory medical assistance and ~~additional~~ optional medical assistance, as defined by chapter 249A as hereafter amended.

Sec. 76. Section 514.1, subsection 2, Code 2013, is amended to read as follows:

2. For the purposes of this chapter, "*subscriber*" means an individual who enters into a contract for health care services with a corporation subject to this chapter and includes a person eligible for mandatory medical assistance or ~~additional~~ optional medical assistance as defined under chapter 249A, with respect to whom the department of human services has entered into a contract with a firm operating under this chapter. For purposes of this chapter, "*provider*" means a person as defined in section 4.1, subsection 20, which is licensed or authorized in this state to furnish health care services. "*Health care*" means that care necessary for the purpose of preventing, alleviating, curing, or healing human physical or mental illness, injury, or disability.

DIVISION XV

MEDICAID BREAST AND CERVICAL CANCER

Sec. 77. Section 249A.3, subsection 2, paragraph a, subparagraph (2), Code 2013, is amended to read as follows:

(2) (a) As provided under the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, Pub. L. No. 106-354, ~~women~~ individuals who meet all of the following criteria:

(i) Are not described in 42 U.S.C. § 1396a(a)(10)(A)(i).

(ii) Have not attained age sixty-five.

(iii) Have been screened for breast and cervical cancer under the United States centers for disease control and prevention breast and cervical cancer early detection program established under 42 U.S.C. § 300k et seq., in accordance

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with the requirements of 42 U.S.C. § 300n, and need treatment for breast or cervical cancer. ~~A woman~~ An individual is considered screened for breast and cervical cancer under this subparagraph subdivision if the ~~woman~~ individual is screened by any provider or entity, and the state grantee of the United States centers for disease control and prevention funds under Tit. XV of the federal Public Health Services Act has elected to include screening activities by that provider or entity as screening activities pursuant to Tit. XV of the federal Public Health Services Act. This screening includes ~~but is not limited to~~ breast or cervical cancer screenings or related diagnostic services provided or funded by family planning ~~or centers,~~ community health centers ~~and breast cancer screenings funded by the Susan G. Komen foundation which,~~ or nonprofit organizations, and the screenings or services are provided to ~~women~~ individuals who meet the eligibility requirements established by the state grantee of the United States centers for disease control and prevention funds under Tit. XV of the federal Public Health Services Act.

(iv) Are not otherwise covered under creditable coverage as defined in 42 U.S.C. § 300gg(c).

(b) ~~A woman~~ An individual who meets the criteria of this subparagraph (2) shall be presumptively eligible for medical assistance.

Sec. 78. MEDICAID STATE PLAN AMENDMENT. The department of human services shall submit a medical assistance state plan amendment to the centers for Medicare and Medicaid services of the United States department of health and human services to provide for applicability of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, Pub. L. No. 106-354, to both men and women. The department shall implement applicability of the program to both men and women upon receipt of federal approval.

DIVISION XVI

HEALTH AND LONG-TERM CARE

Sec. 79. Section 135.164, subsection 1, paragraph d, Code 2013, is amended by striking the paragraph.

Sec. 80. Section 135.164, subsection 4, Code 2013, is amended by striking the subsection.

Sec. 81. COST PROJECTION REPORT — STRATEGIC PLAN. The department of public health shall develop cost projections for implementing the strategic plan for health care delivery infrastructure and health care workforce resources as specified in section 135.164, and shall submit a report of such cost projections and any recommendations to the individuals identified in this Act for submission of reports by December 15, 2013.

DIVISION XVII

AUTISM SUPPORT PROGRAM

Sec. 82. NEW SECTION. **225D.1 Definitions.**

As used in this chapter unless the context otherwise requires:

1. "*Applied behavioral analysis*" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

2. "*Autism*" means autism spectrum disorders as defined in section 514C.28.

3. "*Autism service provider*" means a person providing applied behavioral analysis, who meets all of the following criteria:

a. Is certified as a behavior analyst by the behavior analyst certification board or is a health professional licensed under chapter 147.

b. Is approved as a member of the provider network by the

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department.

4. "*Autism support fund*" or "*fund*" means the autism support fund created in section 225D.2.

5. "*Clinically relevant*" means medically necessary and resulting in the development, maintenance, or restoration, to the maximum extent practicable, of the functioning of an individual.

6. "*Department*" means the department of human services.

7. "*Diagnostic assessment of autism*" means medically necessary assessment, evaluations, or tests performed by a licensed child psychiatrist, developmental pediatrician, or clinical psychologist.

8. "*Eligible individual*" means a child less than nine years of age who has been diagnosed with autism based on a diagnostic assessment of autism, is not otherwise eligible for coverage for applied behavioral analysis treatment under the medical assistance program, section 514C.28, or private insurance coverage, and whose household income does not exceed four hundred percent of the federal poverty level.

9. "*Federal poverty level*" means the most recently revised poverty income guidelines published by the United States department of health and human services.

10. "*Household income*" means household income as determined using the modified adjusted gross income methodology pursuant to section 2002 of the federal Patient Protection and Affordable Care Act, Pub. L. No. 111-148.

11. "*Medical assistance*" or "*Medicaid*" means assistance provided under the medical assistance program pursuant to chapter 249A.

12. "*Regional autism assistance program*" means the regional autism assistance program created in section 256.35.

13. "*Treatment plan*" means a plan for the treatment of autism developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or

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reevaluation performed in consultation with the patient and the patient's representative.

Sec. 83. NEW SECTION. 225D.2 Autism support program — fund.

1. The department shall implement an autism support program beginning January 1, 2014, to provide payment for the provision of applied behavioral analysis treatment for eligible individuals. The department shall adopt rules, including standards and guidelines pursuant to chapter 17A to implement and administer the program. In adopting the rules, standards, and guidelines for the program, the department shall consult with and incorporate the recommendations of an expert panel convened by the regional autism assistance program to provide expert opinion on clinically relevant practices and guidance on program implementation and administration. The expert panel shall consist of families of individuals with autism; educational, medical, and human services specialists, professionals, and providers; and others with interest in or expertise related to autism. The program shall be implemented and administered in a manner so that payment for services is available throughout the state, including in rural and under-resourced areas.

2. At a minimum, the rules, standards, and guidelines for the program shall address all of the following:

a. A maximum annual benefit amount for an eligible individual of thirty-six thousand dollars.

b. A maximum of twenty-four months of applied behavioral analysis treatment.

c. Notwithstanding the age limitation for an eligible individual, a provision that if an eligible individual reaches nine years of age prior to completion of the maximum applied behavioral analysis treatment period specified in paragraph "b", the individual may complete such treatment in accordance with the individual's treatment plan, not to exceed the maximum

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treatment period.

d. A graduated schedule for cost-sharing by an eligible individual based on a percentage of the total benefit amount expended for the eligible individual, annually. Cost-sharing shall be applicable to eligible individuals with household incomes at or above two hundred percent of the federal poverty level in incrementally increased amounts up to a maximum of ten percent. The rules shall provide a financial hardship exemption from payment of the cost-sharing based on criteria established by rule of the department.

e. Application, approval, compliance, and appeal processes for eligible individuals as necessary to operate and manage the program.

f. Enrollment, renewal, and reimbursement of claims provisions for autism service providers participating in the program.

g. A requirement of family engagement and participation as part of the eligible individual's treatment plan.

h. A requirement that the autism service provider coordinate interventions with the school in which the eligible individual is enrolled.

i. A requirement that the administrator of the program utilize the regional autism assistance program to coordinate interventions between eligible individuals and their families receiving support through the autism support program with appropriate medical, educational, and treatment providers, including integrated health homes. The regional autism assistance program shall provide for family navigation and coordination and integration of services through the statewide system of regional child health specialty clinics, utilizing the community child health team model. As necessitated by the availability of resources in the community where services are delivered, telehealth may be used in delivering and coordinating interventions with appropriate providers. To the

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extent available and accessible to an eligible individual, the eligible individual shall be enrolled in an integrated health home that is an approved provider enrolled in the medical assistance program. Health home services that are covered services under the medical assistance program shall be reimbursed under the autism support program at rates consistent with those established under the medical assistance program.

j. Requirements related to review of treatment plans, which may require review once every six months, subject to utilization review requirements established by rule. A more or less frequent review may be agreed upon by the eligible individual and the licensed physician or licensed psychologist developing the treatment plan.

k. Recognition of the results of a diagnostic assessment of autism as valid for a period of not less than twelve months, unless a licensed physician or licensed psychologist determines that a more frequent assessment is necessary.

3. Moneys in the autism support fund created under subsection 5 shall be expended only for eligible individuals who are not eligible for coverage for applied behavioral analysis treatment under the medical assistance program, section 514C.28, or private insurance. Payment for applied behavioral analysis treatment through the fund shall be limited to only applied behavioral analysis treatment that is clinically relevant and only to the extent approved under the guidelines established by rule of the department.

4. This section shall not be construed as granting an entitlement for any program, service, or other support for eligible individuals. Any state obligation to provide a program, service, or other support pursuant to this section is limited to the extent of the funds appropriated for the purposes of the program. The department may establish a waiting list or terminate participation of eligible individuals if the department determines that moneys in the autism support

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fund are insufficient to cover future claims for reimbursement beyond ninety days.

5. *a.* An autism support fund is created in the state treasury under the authority of the department. Moneys appropriated to and all other moneys specified for deposit in the fund shall be deposited in the fund and used for the purposes of the program.

b. The fund shall be separate from the general fund of the state and shall not be considered part of the general fund of the state. The moneys in the fund shall not be considered revenue of the state, but rather shall be funds of the autism support program. The moneys deposited in the fund are not subject to section 8.33 and shall not be transferred, used, obligated, appropriated, or otherwise encumbered, except to provide for the purposes of this section. Notwithstanding section 12C.7, subsection 2, interest or earnings on moneys deposited in the fund shall be credited to the fund.

c. The department shall adopt rules pursuant to chapter 17A to administer the fund and reimbursements made from the fund.

d. Moneys in the fund are appropriated to the department and shall be used by the department for the purposes of the autism support program. The department shall be the administrator of the fund for auditing purposes.

e. The department shall submit an annual report to the governor and the general assembly no later than January 1 of each year that includes but is not limited to all of the following:

(1) The total number of applications received under the program for the immediately preceding fiscal year.

(2) The number of applications approved and the total amount of funding expended for reimbursements under the program in the immediately preceding fiscal year.

(3) The cost of administering the program in the immediately preceding fiscal year.

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(4) The number of eligible individuals on a waiting list, if any, and the amount of funding necessary to reduce the existing waiting list.

(5) Recommendations for any changes to the program.

Sec. 84. IMPLEMENTATION.

1. The department of human services shall implement the autism support program beginning January 1, 2014, subject to available funding.

2. Notwithstanding section 8.47 or any other provision of law to the contrary, the department may utilize a sole-source contract and utilize the managed care entity under contract with the department to manage behavioral health services under the medical assistance program to administer the program. Total administrative costs of the program shall not exceed ten percent of the funds expended through the program, annually.

Sec. 85. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION XVIII

DEPARTMENT OF HUMAN SERVICES — CHILD, ADULT, AND FAMILY SERVICES

Sec. 86. Section 225C.38, subsection 1, paragraph c, Code 2013, is amended to read as follows:

c. Except as provided in section 225C.41, a family support subsidy for a fiscal year shall be in an amount determined by the department ~~in consultation with the comprehensive family support council created in section 225C.48.~~ The parent or legal guardian receiving a family support subsidy may elect to receive a payment amount which is less than the amount determined in accordance with this paragraph.

Sec. 87. Section 225C.42, subsection 1, Code 2013, is amended to read as follows:

1. The department shall conduct an annual evaluation of the family support subsidy program ~~in conjunction with the~~

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~~comprehensive family support council~~ and shall submit the evaluation report with recommendations to the governor and general assembly. The report shall be submitted on or before October 30 and provide an evaluation of the latest completed fiscal year.

Sec. 88. Section 225C.47, subsection 5, unnumbered paragraph 1, Code 2013, is amended to read as follows:

The department shall design the program ~~in consultation with the comprehensive family support council created in section 225C.48~~. The department shall adopt rules to implement the program which provide for all of the following:

Sec. 89. Section 225C.49, subsection 4, Code 2013, is amended to read as follows:

4. The department shall designate one individual whose sole duties are to provide central coordination of the programs under sections 225C.36 and 225C.47 and ~~to work with the comprehensive family support council~~ to oversee development and implementation of the programs.

Sec. 90. Section 239B.5, Code 2013, is amended by adding the following new subsection:

NEW SUBSECTION. 4. *a.* The department shall implement policies and procedures as necessary to comply with provisions of the federal Middle Class Tax Relief and Job Creation Act of 2012, Pub. L. No. 112-96, to prevent assistance provided under this chapter from being used in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. For purposes of this paragraph, the definitions found in the federal Middle Class Tax Relief and Job Creation Act and related rules and statutes apply.

b. Unless otherwise precluded by federal law or regulation, policies and procedures implemented under this subsection shall

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at a minimum impose the prohibition described in paragraph "a" as a condition for continued eligibility for assistance under this chapter.

c. The department may implement additional measures as may be necessary to comply with federal regulations in implementing paragraph "a".

d. The department shall adopt rules as necessary to implement this subsection.

Sec. 91. Section 239B.14, subsection 1, Code 2013, is amended to read as follows:

1. a. An individual who obtains, or attempts to obtain, or aids or abets an individual to obtain, by means of a willfully false statement or representation, by knowingly failing to disclose a material fact, or by impersonation, or any fraudulent device, any assistance or other benefits under this chapter to which the individual is not entitled, commits a fraudulent practice.

b. An individual who accesses benefits provided under this chapter in violation of any prohibition imposed by the department pursuant to section 239B.5, subsection 4, commits a fraudulent practice.

Sec. 92. Section 249A.3, subsection 1, Code 2013, is amended by adding the following new paragraph:

NEW PARAGRAPH. v. Beginning January 1, 2014, is an individual who meets all of the following requirements:

(1) Is under twenty-six years of age.

(2) Was in foster care under the responsibility of the state on the date of attaining eighteen years of age or such higher age to which foster care is provided.

(3) Was enrolled in the medical assistance program under this chapter while in such foster care.

Sec. 93. Section 249A.3, subsection 2, paragraph a, subparagraph (9), Code 2013, is amended by striking the subparagraph.

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Sec. 94. Section 249J.26, subsection 2, Code 2013, is amended to read as follows:

2. This chapter is repealed ~~October~~ December 31, 2013.

Sec. 95. Section 514I.4, subsection 5, paragraph a, Code 2013, is amended by striking the paragraph.

Sec. 96. Section 514I.5, subsection 7, paragraph f, Code 2013, is amended to read as follows:

f. Review, in consultation with the department, and take necessary steps to improve interaction between the program and other public and private programs which provide services to the population of eligible children. ~~The board, in consultation with the department, shall also develop and implement a plan to improve the medical assistance program in coordination with the hawk-i program, including but not limited to a provision to coordinate eligibility between the medical assistance program and the hawk-i program, and to provide for common processes and procedures under both programs to reduce duplication and bureaucracy.~~

Sec. 97. Section 514I.5, subsection 8, paragraphs b and f, Code 2013, are amended by striking the paragraphs.

Sec. 98. Section 514I.7, subsection 2, paragraphs a and g, Code 2013, are amended to read as follows:

a. ~~Determine individual eligibility for program enrollment based upon review of completed applications and supporting documentation as prescribed by federal law and regulation, using policies and procedures adopted by rule of the department pursuant to chapter 17A.~~ The administrative contractor shall not enroll a child who has group health coverage, unless expressly authorized by such rules.

g. ~~Create and Utilize the department's eligibility system to maintain eligibility files that are compatible with the data system of the department with pertinent eligibility determination and ongoing enrollment information including,~~ but not limited to, data regarding beneficiaries, enrollment dates,

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disenrollments, and annual financial redeterminations.

Sec. 99. Section 514I.7, subsection 2, paragraphs c, d, e, f, and k, Code 2013, are amended by striking the paragraphs.

Sec. 100. Section 514I.8, subsection 1, Code 2013, is amended to read as follows:

1. a. Effective July 1, 1998, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, an eligible child under the age of nineteen whose family income does not exceed one hundred thirty-three percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

b. ~~Additionally, effective~~ Effective July 1, 2000, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, an eligible infant whose family income does not exceed two hundred percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

c. Effective July 1, 2009, and notwithstanding any medical assistance program eligibility criteria to the contrary, medical assistance shall be provided to, or on behalf of, a pregnant woman or an eligible child who is an infant and whose family income is at or below three hundred percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

Sec. 101. Section 514I.8, subsection 2, paragraph c, Code 2013, is amended to read as follows:

c. Is a member of a family whose income does not exceed three hundred percent of the federal poverty level, as defined in 42 U.S.C. § 9902(2), including any revision required by

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such section, and in accordance with the federal Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3. The modified adjusted gross income methodology prescribed in section 2101 of the federal Patient Protection and Affordable Care Act, Pub. L. No. 111-148, to determine family income under this paragraph.

Sec. 102. Section 514I.8, subsections 3 and 4, Code 2013, are amended to read as follows:

3. In accordance with the rules adopted by the board, a child may be determined to be presumptively eligible for the program pending a final eligibility determination. Following final determination of eligibility ~~by the administrative contractor,~~ a child shall be eligible for a twelve-month period. At the end of the twelve-month period, ~~the administrative contractor shall conduct~~ a review of the circumstances of the eligible child's family shall be conducted to establish eligibility and cost sharing for the subsequent twelve-month period.

4. Once an eligible child is enrolled in a plan, the ~~eligible child shall remain enrolled in the plan unless a determination is made, according to criteria established by the board, that the eligible child should be allowed to enroll in another qualified child health plan or should be disenrolled.~~ An enrollee may request to change plans within ninety days of initial enrollment for any reason and at any time for cause, as defined in 42 C.F.R. § 438.56(d)(2). Otherwise, an enrollee may change plan enrollment once a year on the enrollee's anniversary date.

Sec. 103. Section 514I.8, subsections 5 and 6, Code 2013, are amended by striking the subsections.

Sec. 104. Section 514I.9, Code 2013, is amended to read as follows:

514I.9 Program benefits.

1. ~~Until June 30, 1999, the benefits provided under the~~

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~~program shall be those benefits established by rule of the board and in compliance with Tit. XXI of the federal Social Security Act.~~

~~2. On or before June 30, 1999, the hawk-i board shall adopt rules to amend the benefits package based upon review of the results of the initial benefits package used.~~

~~3. Subsequent to June 30, 1999, the The hawk-i board shall review the benefits package annually and shall determine additions to or deletions from the benefits package offered. The hawk-i board shall submit the recommendations to the general assembly for any amendment to the benefits package.~~

~~4. 2. Benefits, in addition to those required by rule, may be provided to eligible children by a participating insurer if the benefits are provided at no additional cost to the state.~~

Sec. 105. REPEAL. Section 225C.48, Code 2013, is repealed.

Sec. 106. EFFECTIVE DATE. The following provision or provisions of this division of this Act take effect December 31, 2013:

1. The section of this Act amending section 249A.3, subsection 2, paragraph "a", subparagraph (9).

DIVISION XIX

OPTIONS — PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS

Sec. 107. FACILITY FOR PERSONS WITH AGGRESSIVE OR PSYCHIATRIC BEHAVIORS — COMMITTEE — REPORT.

1. The department of inspections and appeals, in conjunction with the department of human services, shall establish and facilitate a committee of stakeholders to examine options for designating a facility to provide care for persons in this state who are sexually aggressive, combative, or have unmet psychiatric needs.

2. The membership of the committee shall include but is not limited to the following:

a. Representatives of the departments of inspections and appeals, human services, corrections, and public health, the

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department on aging, the state public defender, the office of the citizens' aide, the office of the state long-term care resident's advocate, and the judicial branch.

b. Consumers of services provided by long-term care facilities and family members of consumers.

c. Representatives from leading age Iowa, the Iowa health care association, and the Iowa association of community providers.

d. Direct care workers employed by long-term care facilities.

e. Representatives from Iowa legal aid.

f. Representatives from AARP Iowa.

g. Representatives from the Iowa civil liberties union.

h. Other stakeholders as the department of inspections and appeals and the department of human services deem appropriate.

3. The committee shall discuss whether a long-term care facility, as defined in section 142D.2, should have the ability to refuse admission to, or discharge, residents who are sexually aggressive, combative, or have unmet psychiatric needs. The committee shall consider options for establishment of a facility to provide care for persons who are sexually aggressive, combative, or have unmet psychiatric needs. The committee shall identify the characteristics of residents for such a facility, options for creating a new facility to house such residents, options for the expansion of an existing facility to house such residents, options for using any alternative facilities for such residents, the workforce and training necessary for the workforce in such facility, options to qualify a facility for Medicaid reimbursement, cost projections for any recommendations, and other information deemed relevant by the department of inspections and appeals.

4. The committee shall provide a report detailing its findings and recommendations to the governor and the general assembly by December 15, 2013.

DIVISION XX
SPORTS INJURY PREVENTION

Sec. 108. MUNICIPAL YOUTH SPORTS INJURY PREVENTION STUDY
AND REPORT.

1. A municipal youth sports injury prevention study is established to make recommendations regarding how cities can most effectively prevent concussions and other sports-related injuries in children participating in municipal youth sports programs. The national center for sports safety is requested to administer the study in coordination with the department of public health and interested parties representing cities, municipal youth sports programs, parents, coaches, trainers, and other stakeholders. The study shall include recommendations for safety equipment for participants and training for employees and volunteers to be required by cities as part of municipal youth sports programs.

2. The national center for sports safety is requested to submit a report on its findings and recommendations to the general assembly by December 15, 2013.

DIVISION XXI
SUICIDE PREVENTION

Sec. 109. SUICIDE PREVENTION. The department of education shall work with the departments of human services and public health in developing recommendations for required training of persons who hold a license, certificate, authorization, or statement of recognition issued by the board of educational examiners and who provide services to students. The recommendations shall address training of such persons on suicide prevention and trauma-informed care. In developing the recommendations, the department shall consult with stakeholders, including but not limited to mental health professionals, school administrators, school nurses, and guidance counselors. For purposes of this section, "trauma-informed care" means services that are based

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on an understanding of the vulnerabilities and triggers of individuals who have experienced trauma, recognize the role trauma has played in the lives of those individuals, recognize the presence of trauma symptoms and their onset, are supportive of trauma recovery, and avoid further traumatization. The department shall submit a report to the governor and general assembly providing findings and recommendations on or before December 15, 2013.

DIVISION XXII

IOWACARE — ACCOUNT FOR HEALTH CARE TRANSFORMATION

Sec. 110. Section 249J.8, subsection 1, paragraph k, Code 2013, is amended to read as follows:

k. Premiums collected under this subsection shall be deposited in the ~~premiums subaccount of the IowaCare account for health care transformation~~ created pursuant to section ~~249J.23~~ 249J.24.

Sec. 111. Section 249J.23, subsection 1, Code 2013, is amended to read as follows:

1. An account for health care transformation is created in the state treasury under the authority of the department. Moneys received from sources including but not limited to appropriations from the general fund of the state, grants, and contributions shall be deposited in the account. ~~The account shall include a separate premiums subaccount. Revenue generated through payment of premiums by expansion population members as required pursuant to section 249J.8 shall be deposited in the separate premiums subaccount within the account.~~

Sec. 112. Section 249J.24, subsection 1, Code 2013, is amended to read as follows:

1. An IowaCare account is created in the state treasury under the authority of the department of human services. Moneys appropriated from the general fund of the state to the account, moneys received as federal financial participation

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funds under the expansion population provisions of this chapter and credited to the account, moneys received for disproportionate share hospitals and credited to the account, moneys received for graduate medical education and credited to the account, proceeds distributed from the county treasurer as specified in subsection 4, revenue generated through payment of premiums pursuant to section 249J.8, and moneys from any other source credited to the account shall be deposited in the account. Moneys deposited in or credited to the account shall be used only as provided in appropriations or distributions from the account for the purposes specified in the appropriation or distribution. Moneys in the account shall be appropriated to the university of Iowa hospitals and clinics and to a publicly owned acute care teaching hospital located in a county with a population over three hundred fifty thousand for the purposes provided in the federal law making the funds available or as specified in the state appropriation and shall be distributed as determined by the department.

DIVISION XXIII

IOWACARE REPEAL — CONFORMING CHANGES

Sec. 113. Section 8A.504, subsection 1, paragraph c, subparagraph (1), Code 2013, is amended to read as follows:

(1) Any debt, which is assigned to the department of human services, or which is owed to the department of human services for unpaid premiums under section 249A.3, subsection 2, paragraph "a", subparagraph (1), ~~or section 249J.8, subsection 1,~~ or which the child support recovery unit is otherwise attempting to collect, or which the foster care recovery unit of the department of human services is attempting to collect on behalf of a child receiving foster care provided by the department of human services.

Sec. 114. Section 21.5, subsection 1, paragraph 1, Code 2013, is amended to read as follows:

1. To discuss patient care quality and process improvement

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initiatives in a meeting of a public hospital or to discuss marketing and pricing strategies or similar proprietary information in a meeting of a public hospital, where public disclosure of such information would harm such a hospital's competitive position when no public purpose would be served by public disclosure. The minutes and the audio recording of a closed session under this paragraph shall be available for public inspection when the public disclosure would no longer harm the hospital's competitive position. For purposes of this paragraph, "*public hospital*" means ~~the same as defined in section 249J.3~~ a hospital licensed pursuant to chapter 135B and governed pursuant to chapter 145A, 226, 347, 347A, or 392. This paragraph does not apply to the information required to be disclosed pursuant to section 347.13, subsection 11, or to any discussions relating to terms or conditions of employment, including but not limited to compensation of an officer or employee or group of officers or employees.

Sec. 115. Section 97B.52A, subsection 1, paragraph c, subparagraph (2), subparagraph division (b), Code 2013, is amended to read as follows:

(b) For a member whose first month of entitlement is July 2004 or later, but before July 2014, covered employment does not include employment as a licensed health care professional by a public hospital ~~as defined in section 249J.3, with the exception of public hospitals governed pursuant to chapter 226.~~ For the purposes of this subparagraph, "*public hospital*" means a hospital licensed pursuant to chapter 135B and governed pursuant to chapter 145A, 347, 347A, or 392.

Sec. 116. Section 135.152, subsection 5, paragraphs a and c, Code 2013, are amended to read as follows:

a. The department, in collaboration with the department of human services and the Iowa state association of counties, shall adopt rules pursuant to chapter 17A to establish minimum standards for eligibility for obstetrical and newborn care,

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including physician examinations, medical testing, ambulance services, and inpatient transportation services under the program. The minimum standards shall provide that the individual is not otherwise eligible for assistance under the medical assistance program or for assistance under the medically needy program without a spend-down requirement pursuant to chapter 249A, ~~or for expansion population benefits pursuant to chapter 249J~~. If the individual is eligible for assistance pursuant to chapter 249A ~~or 249J~~, or if the individual is eligible for maternal and child health care services covered by a maternal and child health program, the obstetrical and newborn indigent patient care program shall not provide the assistance, care, or covered services provided under the other program.

c. The department in cooperation with the department of human services, shall develop a standardized application form for the program and shall coordinate the determination of eligibility for the medical assistance and medically needy programs under chapter 249A, ~~the medical assistance expansion under chapter 249J~~, and the obstetrical and newborn indigent patient care program.

Sec. 117. Section 135.153, subsection 1, unnumbered paragraph 1, Code 2013, is amended to read as follows:

The department shall establish an Iowa collaborative safety net provider network that includes community health centers, rural health clinics, free clinics, maternal and child health centers, ~~the expansion population provider network as described in chapter 249J~~, local boards of health that provide direct services, Iowa family planning network agencies, child health specialty clinics, and other safety net providers. The network shall be a continuation of the network established pursuant to 2005 Iowa Acts, ch. 175, section 2, subsection 12. The network shall include all of the following:

Sec. 118. Section 135.153, subsection 1, paragraphs a and c,

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Code 2013, are amended to read as follows:

a. An Iowa safety net provider advisory group consisting of representatives of community health centers, rural health clinics, free clinics, maternal and child health centers, ~~the expansion population provider network as described in chapter 249J,~~ local boards of health that provide direct services, Iowa family planning network agencies, child health specialty clinics, other safety net providers, patients, and other interested parties.

c. A database of all community health centers, rural health clinics, free clinics, maternal and child health centers, ~~the expansion population provider network as described in chapter 249J,~~ local boards of health that provide direct services, Iowa family planning network agencies, child health specialty clinics, and other safety net providers. The data collected shall include the demographics and needs of the vulnerable populations served, current provider capacity, and the resources and needs of the participating safety net providers.

Sec. 119. Section 135.153, subsection 2, Code 2013, is amended to read as follows:

2. The network shall form a governing group which includes two individuals each representing community health centers, rural health clinics, free clinics, maternal and child health centers, ~~the expansion population provider network as described in chapter 249J,~~ local boards of health that provide direct services, the state board of health, Iowa family planning network agencies, child health specialty clinics, and other safety net providers.

Sec. 120. Section 135.154, subsection 15, Code 2013, is amended to read as follows:

15. *"Iowa Medicaid enterprise"* means the ~~Iowa Medicaid enterprise as defined in section 249J.3~~ centralized medical assistance program infrastructure, based on a business enterprise model, and designed to foster collaboration among

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all program stakeholders by focusing on quality, integrity, and consistency.

Sec. 121. Section 135.157, Code 2013, is amended by adding the following new subsection:

NEW SUBSECTION. 1A. *“Dental home”* means a network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services.

Sec. 122. Section 217.34, Code 2013, is amended to read as follows:

217.34 Debt setoff.

The investigations division of the department of inspections and appeals and the department of human services shall provide assistance to set off against a person's or provider's income tax refund or rebate any debt which has accrued through written contract, nonpayment of premiums pursuant to section 249A.3, subsection 2, paragraph "a", subparagraph (1), ~~or section 249J.8, subsection 1,~~ subrogation, departmental recoupment procedures, or court judgment and which is in the form of a liquidated sum due and owing the department of human services. The department of inspections and appeals, with approval of the department of human services, shall adopt rules under chapter 17A necessary to assist the department of administrative services in the implementation of the setoff under section 8A.504 in regard to money owed to the state for public assistance overpayments or nonpayment of premiums as specified in this section. The department of human services shall adopt rules under chapter 17A necessary to assist the department of administrative services in the implementation of the setoff under section 8A.504, in regard to collections by the child support recovery unit and the foster care recovery unit.

Sec. 123. Section 249K.2, subsection 3, Code 2013, is amended to read as follows:

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3. "Iowa Medicaid enterprise" means Iowa Medicaid enterprise as defined in section ~~249J.3~~ 135.154.

Sec. 124. Section 249M.4, subsection 2, Code 2013, is amended to read as follows:

2. Moneys in the trust fund shall be used, subject to their appropriation by the general assembly, by the department to reimburse participating hospitals the medical assistance program upper payment limit for inpatient and outpatient hospital services as calculated in this section. Following payment of such upper payment limit to participating hospitals, any remaining funds in the trust fund on an annual basis may be used for any of the following purposes:

a. To support medical assistance program utilization shortfalls.

b. To maintain the state's capacity to provide access to and delivery of services for vulnerable Iowans.

~~c. To support payments to nonparticipating hospitals under the IowaCare program pursuant to chapter 249J.~~

~~d.~~ c. To fund the health care workforce support initiative created pursuant to section 135.175.

~~e.~~ d. To support access to health care services for uninsured Iowans.

~~f.~~ e. To support Iowa hospital programs and services which expand access to health care services for Iowans.

Sec. 125. Section 263.18, subsection 4, Code 2013, is amended to read as follows:

4. The physicians and surgeons on the staff of the university of Iowa hospitals and clinics who care for patients provided for in this section may charge for the medical services provided under such rules, regulations, and plans approved by the state board of regents. ~~However, a physician or surgeon who provides treatment or care for an expansion population member pursuant to chapter 249J shall only receive compensation for the treatment or care provided in accordance~~

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~~with section 249J.7.~~

Sec. 126. Section 476B.1, subsection 4, paragraph d, subparagraph (2), Code 2013, is amended to read as follows:

(2) For applications filed on or after July 1, 2009, by a private college or university, community college, institution under the control of the state board of regents, public or accredited nonpublic elementary and secondary school, or public hospital ~~as defined in section 249J.3~~, for the applicant's own use of qualified electricity, consists of wind turbines with a combined nameplate capacity of three-fourths of a megawatt or greater. For the purposes of this subparagraph, "public hospital" means a hospital licensed pursuant to chapter 135B and governed pursuant to chapter 145A, 226, 347, 347A, or 392.

Sec. 127. EFFECTIVE DATE. This division of this Act takes effect January 1, 2014.

DIVISION XXIV
TELEPHARMACY

Sec. 128. 2011 Iowa Acts, chapter 63, section 36, subsections 2 and 4, are amended to read as follows:

2. The board of pharmacy shall adopt rules and procedures pursuant to chapter 17A for application for and approval of such projects. The rules may include exceptions to any existing rules under the purview of the board of pharmacy as necessary for completion of the project, limited to the duration of the project. The initial duration of any project approved by the board of pharmacy shall not exceed eighteen months ~~and~~. However, the board of pharmacy may approve an extension or renewal of a project in accordance with rules adopted by the board of pharmacy. Any project approved shall comply with the rules and procedures adopted for such projects.

4. The board of pharmacy shall submit ~~a report~~ reports to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services regarding all of the following:

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a. The approval or denial of any projects.

b. By December 15, 2013, any changes in law or rules necessary to implement telepharmacy throughout the state.

DIVISION XXV

MEDICAID COST CONTAINMENT

Sec. 129. 2011 Iowa Acts, chapter 129, section 122, subsection 26, as enacted by 2012 Iowa Acts, chapter 1133, section 12, is amended by striking the subsection.

DIVISION XXVI

CIGARETTE AND TOBACCO TAX PROCEEDS — HEALTH CARE TRUST FUND

Sec. 130. Section 453A.35, Code 2013, is amended to read as follows:

453A.35 ~~Tax and fees~~ Proceeds paid to general fund ~~—standing appropriation to health care trust fund.~~

1. a. With the exception of revenues credited to the health care trust fund pursuant to paragraph "b", the proceeds derived from the sale of stamps and the payment of ~~taxes, fees, and~~ penalties provided for under this chapter, and the permit fees received from all permits issued by the department, shall be credited to the general fund of the state.

b. ~~Of the~~ The revenues generated from the tax on cigarettes pursuant to section 453A.6, subsection 1, and from the tax on tobacco products as specified in section 453A.43, subsections 1, 2, 3, and 4, ~~the first one hundred six million sixteen thousand four hundred dollars~~ shall be credited to the health care trust fund created in section 453A.35A.

2. All permit fees provided for in this chapter and collected by cities in the issuance of permits granted by the cities shall be paid to the treasurer of the city where the permit is effective, or to another city officer as designated by the council, and credited to the general fund of the city. Permit fees so collected by counties shall be paid to the county treasurer.

DIVISION XXVII

DEPARTMENT ON AGING — FY 2014-2015

Sec. 131. DEPARTMENT ON AGING. There is appropriated from the general fund of the state to the department on aging for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For aging programs for the department on aging and area agencies on aging to provide citizens of Iowa who are 60 years of age and older with case management for frail elders, Iowa's aging and disabilities resource center, and other services which may include but are not limited to adult day services, respite care, chore services, information and assistance, and material aid, for information and options counseling for persons with disabilities who are 18 years of age or older, and for salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	5,300,190
.....	FTEs	28.00

1. Funds appropriated in this section may be used to supplement federal funds under federal regulations. To receive funds appropriated in this section, a local area agency on aging shall match the funds with moneys from other sources according to rules adopted by the department. Funds appropriated in this section may be used for elderly services not specifically enumerated in this section only if approved by an area agency on aging for provision of the service within the area.

2. Of the funds appropriated in this section, \$139,973 is transferred to the economic development authority for the Iowa commission on volunteer services to be used for the retired and senior volunteer program.

3. a. The department on aging shall establish and enforce procedures relating to expenditure of state and federal funds

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by area agencies on aging that require compliance with both state and federal laws, rules, and regulations, including but not limited to all of the following:

(1) Requiring that expenditures are incurred only for goods or services received or performed prior to the end of the fiscal period designated for use of the funds.

(2) Prohibiting prepayment for goods or services not received or performed prior to the end of the fiscal period designated for use of the funds.

(3) Prohibiting the prepayment for goods or services not defined specifically by good or service, time period, or recipient.

(4) Prohibiting the establishment of accounts from which future goods or services which are not defined specifically by good or service, time period, or recipient, may be purchased.

b. The procedures shall provide that if any funds are expended in a manner that is not in compliance with the procedures and applicable federal and state laws, rules, and regulations, and are subsequently subject to repayment, the area agency on aging expending such funds in contravention of such procedures, laws, rules and regulations, not the state, shall be liable for such repayment.

4. Of the funds appropriated in this section, \$125,000 shall be used to fund services to meet the unmet needs of older individuals as identified in the annual compilation of unmet service units by the area agencies on aging.

5. Of the funds appropriated in this section, \$300,000 shall be used to fund home and community-based services through the area agencies on aging that enable older individuals to avoid more costly utilization of residential or institutional services and remain in their own homes.

6. Of the funds appropriated in this subsection, \$10,000 shall be used for implementation of a guardianship and conservatorship monitoring and assistance pilot project as

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specified in this Act.

DIVISION XXVIII

OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE — FY 2014-2015

Sec. 132. OFFICE OF LONG-TERM CARE RESIDENT'S ADVOCATE. There is appropriated from the general fund of the state to the office of long-term care resident's advocate for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	510,854
.....	FTEs	13.00

1. Of the funds appropriated in this section, \$100,000 shall be used to continue to provide two additional local long-term care resident's advocates to continue moving toward the national recommendation of one full-time equivalent paid staff ombudsman per 2,000 long-term care beds in the state.

2. Of the funds appropriated in this section, \$105,000 shall be used to provide two local long-term care resident's advocates to administer the certified volunteer long-term care resident's advocates program pursuant to section 231.45, including operational certification and training costs.

DIVISION XXIX

DEPARTMENT OF PUBLIC HEALTH — FY 2014-2015

Sec. 133. DEPARTMENT OF PUBLIC HEALTH. There is appropriated from the general fund of the state to the department of public health for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. ADDICTIVE DISORDERS

For reducing the prevalence of use of tobacco, alcohol, and

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other drugs, and treating individuals affected by addictive behaviors, including gambling, and for not more than the following full-time equivalent positions:

.....	\$ 13,581,845
.....	FTEs 13.00

a. (1) Of the funds appropriated in this subsection, \$2,574,181 shall be used for the tobacco use prevention and control initiative, including efforts at the state and local levels, as provided in chapter 142A. The commission on tobacco use prevention and control established pursuant to section 142A.3 shall advise the director of public health in prioritizing funding needs and the allocation of moneys appropriated for the programs and activities of the initiative under this subparagraph (1) and shall make recommendations to the director in the development of budget requests relating to the initiative.

(2) Of the funds allocated in this paragraph "a", \$37,500 shall be used to develop a social media structure to engage youth and prevent youth initiation of tobacco use. Of the amount allocated in this subparagraph (2), \$12,500 shall be used for a youth summit.

(3) Of the funds allocated in this paragraph "a", \$100,000 shall be used to increase the efficacy of local tobacco control efforts by community partnerships, including through professional development, regional trainings and round table planning efforts, and a training opportunity involving all community partnerships.

(4) Of the funds allocated in this paragraph "a", \$600,000 shall be used to promote smoking cessation and to reduce the number of tobacco users in the state by offering nicotine replacement therapy to uninsured and underinsured Iowans.

(5) (a) Of the funds allocated in this paragraph "a", \$226,534 is transferred to the alcoholic beverages division of the department of commerce for enforcement of tobacco laws,

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regulations, and ordinances and to engage in tobacco control activities approved by the division of tobacco use prevention and control as specified in the memorandum of understanding entered into between the divisions.

(b) For the fiscal year beginning July 1, 2014, and ending June 30, 2015, the terms of the memorandum of understanding, entered into between the division of tobacco use prevention and control of the department of public health and the alcoholic beverages division of the department of commerce, governing compliance checks conducted to ensure licensed retail tobacco outlet conformity with tobacco laws, regulations, and ordinances relating to persons under eighteen years of age, shall restrict the number of such checks to one check per retail outlet, and one additional check for any retail outlet found to be in violation during the first check.

b. Of the funds appropriated in this subsection, \$11,007,665 shall be used for problem gambling and substance-related disorder prevention, treatment, and recovery services, including a 24-hour helpline, public information resources, professional training, and program evaluation.

(1) Of the funds allocated in this paragraph "b", \$9,451,858 shall be used for substance-related disorder prevention and treatment.

(a) Of the funds allocated in this subparagraph (1), \$449,650 shall be used for the public purpose of a grant program to provide substance-related disorder prevention programming for children.

(i) Of the funds allocated in this subparagraph division (a), \$213,770 shall be used for grant funding for organizations that provide programming for children by utilizing mentors. Programs approved for such grants shall be certified or will be certified within six months of receiving the grant award by the Iowa commission on volunteer services as utilizing the standards for effective practice for mentoring programs.

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(ii) Of the funds allocated in this subparagraph division (a), \$213,420 shall be used for grant funding for organizations that provide programming that includes youth development and leadership. The programs shall also be recognized as being programs that are scientifically based with evidence of their effectiveness in reducing substance-related disorders in children.

(iii) The department of public health shall utilize a request for proposals process to implement the grant program.

(iv) All grant recipients shall participate in a program evaluation as a requirement for receiving grant funds.

(v) Of the funds allocated in this subparagraph division (a), up to \$22,461 may be used to administer substance-related disorder prevention grants and for program evaluations.

(b) Of the funds allocated in this subparagraph (1), \$136,302 shall be used for culturally competent substance-related disorder treatment pilot projects.

(i) The department shall utilize the amount allocated in this subparagraph division (b) for at least three pilot projects to provide culturally competent substance-related disorder treatment in various areas of the state. Each pilot project shall target a particular ethnic minority population. The populations targeted shall include but are not limited to African American, Asian, and Latino.

(ii) The pilot project requirements shall provide for documentation or other means to ensure access to the cultural competence approach used by a pilot project so that such approach can be replicated and improved upon in successor programs.

(2) Of the funds allocated in this paragraph "b", up to \$1,555,807 may be used for problem gambling prevention, treatment, and recovery services.

(a) Of the funds allocated in this subparagraph (2), \$1,286,881 shall be used for problem gambling prevention and

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treatment.

(b) Of the funds allocated in this subparagraph (2), up to \$218,926 may be used for a 24-hour helpline, public information resources, professional training, and program evaluation.

(c) Of the funds allocated in this subparagraph (2), up to \$50,000 may be used for the licensing of problem gambling treatment programs.

(3) It is the intent of the general assembly that from the moneys allocated in this paragraph "b", persons with a dual diagnosis of substance-related disorder and gambling addiction shall be given priority in treatment services.

c. Notwithstanding any provision of law to the contrary, to standardize the availability, delivery, cost of delivery, and accountability of problem gambling and substance-related disorder treatment services statewide, the department shall continue implementation of a process to create a system for delivery of treatment services in accordance with the requirements specified in 2008 Iowa Acts, chapter 1187, section 3, subsection 4. To ensure the system provides a continuum of treatment services that best meets the needs of Iowans, the problem gambling and substance-related disorder treatment services in any area may be provided either by a single agency or by separate agencies submitting a joint proposal.

(1) The system for delivery of substance-related disorder and problem gambling treatment shall include problem gambling prevention.

(2) The system for delivery of substance-related disorder and problem gambling treatment shall include substance-related disorder prevention by July 1, 2015.

(3) Of the funds allocated in paragraph "b", the department may use up to \$50,000 for administrative costs to continue developing and implementing the process in accordance with this paragraph "c".

d. The requirement of section 123.53, subsection 5, is met

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by the appropriations and allocations made in this Act for purposes of substance-related disorder treatment and addictive disorders for the fiscal year beginning July 1, 2014.

e. The department of public health shall work with all other departments that fund substance-related disorder prevention and treatment services and all such departments shall, to the extent necessary, collectively meet the state maintenance of effort requirements for expenditures for substance-related disorder services as required under the federal substance-related disorder prevention and treatment block grant.

2. HEALTHY CHILDREN AND FAMILIES

For promoting the optimum health status for children, adolescents from birth through 21 years of age, and families, and for not more than the following full-time equivalent positions:

.....	\$ 1,826,780
.....	FTEs 14.00

a. Of the funds appropriated in this subsection, not more than \$367,421 shall be used for the healthy opportunities for parents to experience success (HOPES)-healthy families Iowa (HFI) program established pursuant to section 135.106. The funding shall be distributed to renew the grants that were provided to the grantees that operated the program during the fiscal year ending June 30, 2014.

b. In order to implement the legislative intent stated in sections 135.106 and 256I.9, that priority for home visitation program funding be given to programs using evidence-based or promising models for home visitation, it is the intent of the general assembly to phase in the funding priority in accordance with 2012 Iowa Acts, chapter 1133, section 2, subsection 2, paragraph 0b.

c. Of the funds appropriated in this subsection, \$663,944 shall be used to continue the department's initiative to

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provide for adequate developmental surveillance and screening during a child's first five years statewide. The funds shall be used first to fully fund the current sites to ensure that the sites are fully operational, with the remaining funds to be used for expansion to additional sites. The full implementation and expansion shall include enhancing the scope of the program through collaboration with the child health specialty clinics to promote healthy child development through early identification and response to both biomedical and social determinants of healthy development; by developing child health metrics to inform practice, document long-term health impacts and savings, and provide for continuous improvement through training, education, and evaluation; and by providing for practitioner consultation particularly for children with behavioral conditions and needs. The department of public health shall also collaborate with the Iowa Medicaid enterprise and the child health specialty clinics to integrate the activities of the first five initiative into the establishment of patient-centered medical homes, community utilities, accountable care organizations, and other integrated care models developed to improve health quality and population health while reducing health care costs. To the maximum extent possible, funding allocated in this paragraph shall be utilized as matching funds for medical assistance program reimbursement.

d. Of the funds appropriated in this subsection, \$15,799 shall be distributed to a statewide dental carrier to provide funds to continue the donated dental services program patterned after the projects developed by the lifeline network to provide dental services to indigent elderly and disabled individuals.

e. Of the funds appropriated in this subsection, \$55,998 shall be used for childhood obesity prevention.

f. Of the funds appropriated in this subsection, \$81,384 shall be used to provide audiological services and hearing aids for children. The department may enter into a contract

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to administer this paragraph.

g. Of the funds appropriated in this subsection, \$12,500 is transferred to the university of Iowa college of dentistry for provision of primary dental services to children. State funds shall be matched on a dollar-for-dollar basis. The university of Iowa college of dentistry shall coordinate efforts with the department of public health, bureau of oral and health delivery systems, to provide dental care to underserved populations throughout the state.

h. Of the funds appropriated in this subsection, \$25,000 shall be used to address youth suicide prevention.

3. CHRONIC CONDITIONS

For serving individuals identified as having chronic conditions or special health care needs, and for not more than the following full-time equivalent positions:

.....	\$	2,540,346
.....	FTEs	6.00

a. Of the funds appropriated in this subsection, \$79,966 shall be used for grants to individual patients who have phenylketonuria (PKU) to assist with the costs of necessary special foods.

b. Of the funds appropriated in this subsection, \$445,822 shall be used for the brain injury services program pursuant to section 135.22B, including for continuation of the contracts for resource facilitator services in accordance with section 135.22B, subsection 9, and to enhance brain injury training and recruitment of service providers on a statewide basis. Of the amount allocated in this paragraph, \$47,500 shall be used to fund one full-time equivalent position to serve as the state brain injury service program manager.

c. Of the funds appropriated in this subsection, \$273,991 shall be used as additional funding to leverage federal funding through the federal Ryan White Care Act, Tit. II, AIDS drug assistance program supplemental drug treatment grants.

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d. Of the funds appropriated in this subsection, \$49,912 shall be used for the public purpose of continuing to contract with an existing national-affiliated organization to provide education, client-centered programs, and client and family support for people living with epilepsy and their families.

e. Of the funds appropriated in this subsection, \$392,557 shall be used for child health specialty clinics.

f. Of the funds appropriated in this subsection, \$200,000 shall be used by the regional autism assistance program established pursuant to section 256.35, and administered by the child health specialty clinic located at the university of Iowa hospitals and clinics. The funds shall be used to enhance interagency collaboration and coordination of educational, medical, and other human services for persons with autism, their families, and providers of services, including delivering regionalized services of care coordination, family navigation, and integration of services through the statewide system of regional child health specialty clinics and fulfilling other requirements as specified in chapter 225D, creating the autism support program, as enacted in this Act. The university of Iowa shall not receive funds allocated under this paragraph for indirect costs associated with the regional autism assistance program.

g. Of the funds appropriated in this subsection, \$285,497 shall be used for the comprehensive cancer control program to reduce the burden of cancer in Iowa through prevention, early detection, effective treatment, and ensuring quality of life. Of the funds allocated in this lettered paragraph, \$75,000 shall be used to support a melanoma research symposium, a melanoma biorepository and registry, basic and translational melanoma research, and clinical trials.

h. Of the funds appropriated in this subsection, \$63,225 shall be used for cervical and colon cancer screening, and \$250,000 shall be used to enhance the capacity of the cervical

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cancer screening program to include provision of recommended prevention and early detection measures to a broader range of low-income women.

i. Of the funds appropriated in this subsection, \$263,348 shall be used for the center for congenital and inherited disorders.

j. Of the funds appropriated in this subsection, \$64,706 shall be used for the prescription drug donation repository program created in chapter 135M.

k. Of the funds appropriated in this subsection, \$107,632 shall be used for the costs of the medical home system advisory council established pursuant to section 135.159 including incorporation of the development and implementation of the prevention and chronic care management state initiative.

4. COMMUNITY CAPACITY

For strengthening the health care delivery system at the local level, and for not more than the following full-time equivalent positions:

.....	\$	4,281,309
.....	FTEs	18.25

a. Of the funds appropriated in this subsection, \$49,707 is allocated for continuation of the child vision screening program implemented through the university of Iowa hospitals and clinics in collaboration with early childhood Iowa areas. The program shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph "a". The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on service provided; and the continuing needs of the program.

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b. Of the funds appropriated in this subsection, \$55,328 is allocated for continuation of an initiative implemented at the university of Iowa and \$49,952 is allocated for continuation of an initiative at the state mental health institute at Cherokee to expand and improve the workforce engaged in mental health treatment and services. The initiatives shall receive input from the university of Iowa, the department of human services, the department of public health, and the mental health and disability services commission to address the focus of the initiatives.

c. Of the funds appropriated in this subsection, \$582,314 shall be used for essential public health services that promote healthy aging throughout the lifespan, contracted through a formula for local boards of health, to enhance health promotion and disease prevention services.

d. Of the funds appropriated in this section, \$49,643 shall be deposited in the governmental public health system fund created in section 135A.8 to be used for the purposes of the fund.

e. Of the funds appropriated in this subsection, \$52,724 shall be used to continue to address the shortage of mental health professionals in the state.

f. Of the funds appropriated in this subsection, \$25,000 shall be used for a grant to a statewide association of psychologists that is affiliated with the American psychological association to be used for continuation of a program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas, as defined in section 135.180.

g. Of the funds appropriated in this subsection, the following amounts shall be allocated to the Iowa collaborative safety net provider network established pursuant to section 135.153 to be used for the purposes designated. The following amounts allocated under this lettered paragraph shall be

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distributed to the specified provider and shall not be reduced for administrative or other costs prior to distribution:

(1) For distribution to the Iowa primary care association for statewide coordination of the Iowa collaborative safety net provider network:

..... \$ 72,893

(2) For distribution to the Iowa primary care association to be used to continue a training program for sexual assault response team (SART) members, including representatives of law enforcement, victim advocates, prosecutors, and certified medical personnel:

..... \$ 25,000

(3) For distribution to federally qualified health centers for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 37,500

(4) For distribution to the local boards of health that provide direct services for pilot programs in three counties to assist patients in securing a medical home inclusive of oral health care:

..... \$ 38,577

(5) For distribution to maternal and child health centers for pilot programs in three service areas to assist patients in securing a medical home inclusive of oral health care:

..... \$ 47,563

(6) For distribution to free clinics for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 174,161

(7) For distribution to rural health clinics for necessary infrastructure, statewide coordination, provider recruitment,

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service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care:

..... \$ 70,772

(8) For continuation of the safety net provider patient access to a specialty health care initiative as described in 2007 Iowa Acts, chapter 218, section 109:

..... \$ 189,237

(9) For continuation of the pharmaceutical infrastructure for safety net providers as described in 2007 Iowa Acts, chapter 218, section 108:

..... \$ 206,708

The Iowa collaborative safety net provider network may continue to distribute funds allocated pursuant to this lettered paragraph through existing contracts or renewal of existing contracts.

The Iowa collaborative safety net provider network may continue to distribute funds allocated pursuant to this lettered paragraph through existing contracts or renewal of existing contracts.

h. Of the funds appropriated in this subsection, \$87,950 shall be used for continuation of the work of the direct care worker advisory council established pursuant to 2008 Iowa Acts, chapter 1188, section 69, in implementing the recommendations in the final report submitted by the advisory council to the governor and the general assembly in March 2012.

i. (1) Of the funds appropriated in this subsection, \$89,438 shall be used for allocation to an independent statewide direct care worker organization under continuation of the contract in effect during the fiscal year ending June 30, 2013, with terms determined by the director of public health relating to education, outreach, leadership development, mentoring, and other initiatives intended to enhance the recruitment and retention of direct care workers in health care and long-term care settings.

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(2) Of the funds appropriated in this subsection, \$37,500 shall be used to provide scholarships or other forms of subsidization for direct care worker educational conferences, training, or outreach activities.

j. Of the funds appropriated in this subsection, the department may use up to \$29,088 for up to one full-time equivalent position to administer the volunteer health care provider program pursuant to section 135.24.

k. Of the funds appropriated in this subsection, \$24,854 shall be used for a matching dental education loan repayment program to be allocated to a dental nonprofit health service corporation to develop the criteria and implement the loan repayment program.

l. Of the funds appropriated in this subsection, \$52,912 is transferred to the college student aid commission for deposit in the rural Iowa primary care trust fund created in section 261.113 to be used for the purposes of the fund.

m. Of the funds appropriated in this subsection, \$75,000 shall be used for the purposes of the Iowa donor registry as specified in section 142C.18.

n. Of the funds appropriated in this subsection, \$50,000 shall be used for continuation of a grant to a nationally affiliated volunteer eye organization that has an established program for children and adults and that is solely dedicated to preserving sight and preventing blindness through education, nationally certified vision screening and training, and community and patient service programs. The organization shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph "n". The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of

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services provided to the individuals served; the distribution of funds based on services provided; and the continuing needs of the program.

o. Of the funds appropriated in this subsection, \$12,500 shall be used for the establishment of a wellness council under the direction of the director of public health to increase support for wellness activities in the state.

p. Of the funds appropriated in this section, \$579,075 is allocated to the Iowa collaborative safety net provider network established pursuant to section 135.153 to be used for the development and implementation of a statewide regionally based network to provide an integrated approach to health care delivery through care coordination that supports primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes. The Iowa collaborative safety net provider network shall work in conjunction with the department of human services to align the integrated network with the health care delivery system model developed under the state innovation models initiative grant. The Iowa collaborative safety net provider network shall submit a progress report to the individuals designated in this Act for submission of reports by December 31, 2014, including progress in developing and implementing the network, how the funds were distributed and used in developing and implementing the network, and the remaining needs in developing and implementing the network.

q. Of the funds appropriated in this subsection, \$1,000,000 shall be deposited in the medical residency training account created in section 135.175, subsection 5, paragraph a, and is appropriated from the account to the department of public health to be used for the purposes of the medical residency training state matching grants program as specified in section 135.176.

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r. Of the funds appropriated in this section, \$25,000 shall be distributed to a statewide nonprofit organization to be used for the public purpose of supporting a partnership between medical providers and parents through community health centers to promote reading and encourage literacy skills so children enter school prepared for success in reading.

5. HEALTHY AGING

To provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations:

..... \$ 3,648,571

6. ENVIRONMENTAL HAZARDS

For reducing the public's exposure to hazards in the environment, primarily chemical hazards, and for not more than the following full-time equivalent positions:

..... \$ 401,935

..... FTEs 4.00

Of the funds appropriated in this subsection, \$268,875 shall be used for childhood lead poisoning provisions.

7. INFECTIOUS DISEASES

For reducing the incidence and prevalence of communicable diseases, and for not more than the following full-time equivalent positions:

..... \$ 667,578

..... FTEs 4.00

8. PUBLIC PROTECTION

For protecting the health and safety of the public through establishing standards and enforcing regulations, and for not more than the following full-time equivalent positions:

..... \$ 1,639,386

..... FTEs 131.00

a. Of the funds appropriated in this subsection, not more than \$227,350 shall be credited to the emergency medical

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services fund created in section 135.25. Moneys in the emergency medical services fund are appropriated to the department to be used for the purposes of the fund.

b. Of the funds appropriated in this subsection, \$101,516 shall be used for sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department's sexual violence prevention program. The amount allocated in this lettered paragraph shall not be used to supplant funding administered for other sexual violence prevention or victims assistance programs.

c. Of the funds appropriated in this subsection, \$299,376 shall be used for the state poison control center.

9. RESOURCE MANAGEMENT

For establishing and sustaining the overall ability of the department to deliver services to the public, and for not more than the following full-time equivalent positions:

.....	\$	402,027
.....	FTEs	5.00

The university of Iowa hospitals and clinics under the control of the state board of regents shall not receive indirect costs from the funds appropriated in this section. The university of Iowa hospitals and clinics billings to the department shall be on at least a quarterly basis.

DIVISION XXX

DEPARTMENT OF VETERANS AFFAIRS — FY 2014-2015

Sec. 134. DEPARTMENT OF VETERANS AFFAIRS. There is appropriated from the general fund of the state to the department of veterans affairs for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

For salaries, support, maintenance, and miscellaneous

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purposes, and for not more than the following full-time equivalent positions:

.....	\$	546,754
.....	FTEs	13.00

2. IOWA VETERANS HOME

For salaries, support, maintenance, and miscellaneous purposes:

.....	\$	3,762,857
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a. The Iowa veterans home billings involving the department of human services shall be submitted to the department on at least a monthly basis.

b. If there is a change in the employer of employees providing services at the Iowa veterans home under a collective bargaining agreement, such employees and the agreement shall be continued by the successor employer as though there had not been a change in employer.

c. Within available resources and in conformance with associated state and federal program eligibility requirements, the Iowa veterans home may implement measures to provide financial assistance to or on behalf of veterans or their spouses who are participating in the community reentry program.

d. The Iowa veterans home expenditure report shall be submitted monthly to the legislative services agency.

3. HOME OWNERSHIP ASSISTANCE PROGRAM

For transfer to the Iowa finance authority for the continuation of the home ownership assistance program for persons who are or were eligible members of the armed forces of the United States, pursuant to section 16.54:

.....	\$	800,000
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Sec. 135. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the standing appropriation in the following designated section for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the amounts appropriated from the general fund of the

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state pursuant to that section for the following designated purposes shall not exceed the following amount:

For the county commissions of veteran affairs fund under section 35A.16:

..... \$ 495,000

DIVISION XXXI

DEPARTMENT OF HUMAN SERVICES — FY 2014-2015

Sec. 136. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is appropriated from the fund created in section 8.41 to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, from moneys received under the federal temporary assistance for needy families (TANF) block grant pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and successor legislation, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under chapter 239B:

..... \$ 9,058,474

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with chapter 239B:

..... \$ 5,933,220

3. To be used for the family development and self-sufficiency grant program in accordance with section 216A.107:

..... \$ 1,449,490

Notwithstanding section 8.33, moneys appropriated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of

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the succeeding fiscal year. However, unless such moneys are encumbered or obligated on or before September 30, 2015, the moneys shall revert.

- 4. For field operations:
 - \$ 15,648,116
- 5. For general administration:
 - \$ 1,872,000
- 6. For state child care assistance:
 - \$ 12,866,344

The funds appropriated in this subsection are transferred to the child care and development block grant appropriation made by the Eighty-fifth General Assembly, 2013 Session, for the federal fiscal year beginning October 1, 2014, and ending September 30, 2015. Of this amount, \$100,000 shall be used for provision of educational opportunities to registered child care home providers in order to improve services and programs offered by this category of providers and to increase the number of providers. The department may contract with institutions of higher education or child care resource and referral centers to provide the educational opportunities. Allowable administrative costs under the contracts shall not exceed 5 percent. The application for a grant shall not exceed two pages in length.

- 7. For distribution to counties and regions through the property tax relief fund for mental health and disability services as provided in an appropriation made for this purpose:
 - \$ 2,447,026
- 8. For child and family services:
 - \$ 16,042,215
- 9. For child abuse prevention grants:
 - \$ 62,500
- 10. For pregnancy prevention grants on the condition that family planning services are funded:
 - \$ 965,034

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Pregnancy prevention grants shall be awarded to programs in existence on or before July 1, 2014, if the programs have demonstrated positive outcomes. Grants shall be awarded to pregnancy prevention programs which are developed after July 1, 2014, if the programs are based on existing models that have demonstrated positive outcomes. Grants shall comply with the requirements provided in 1997 Iowa Acts, chapter 208, section 14, subsections 1 and 2, including the requirement that grant programs must emphasize sexual abstinence. Priority in the awarding of grants shall be given to programs that serve areas of the state which demonstrate the highest percentage of unplanned pregnancies of females of childbearing age within the geographic area to be served by the grant.

11. For technology needs and other resources necessary to meet federal welfare reform reporting, tracking, and case management requirements:

..... \$ 518,593

The department shall transfer TANF block grant funding appropriated and allocated in this subsection to the child care and development block grant appropriation in accordance with federal law as necessary to comply with the provisions of this subsection.

12. For the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system:

..... \$ 2,525,226

13. a. Notwithstanding any provision to the contrary, including but not limited to requirements in section 8.41 or provisions in 2013 or 2014 Iowa Acts regarding the receipt and appropriation of federal block grants, federal funds from the temporary assistance for needy families block grant received by the state not otherwise appropriated in this section and remaining available for the fiscal year beginning July 1, 2014, are appropriated to the department of human services to the

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extent as may be necessary to be used in the following priority order: the family investment program, for state child care assistance program payments for individuals enrolled in the family investment program who are employed, and for the family investment program share of costs to develop and maintain a new, integrated eligibility determination system. The federal funds appropriated in this paragraph "a" shall be expended only after all other funds appropriated in subsection 1 for the assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 12 for the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system, as applicable, have been expended.

b. The department shall, on a quarterly basis, advise the legislative services agency and department of management of the amount of funds appropriated in this subsection that was expended in the prior quarter.

14. Of the amounts appropriated in this section, \$6,481,004 for the fiscal year beginning July 1, 2014, is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

15. For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division relating to the family investment program account:

..... \$ 12,500

16. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

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Sec. 137. FAMILY INVESTMENT PROGRAM ACCOUNT.

1. Moneys credited to the family investment program (FIP) account for the fiscal year beginning July 1, 2014, and ending June 30, 2015, shall be used to provide assistance in accordance with chapter 239B.

2. The department may use a portion of the moneys credited to the FIP account under this section as necessary for salaries, support, maintenance, and miscellaneous purposes.

3. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

4. Moneys appropriated in this division of this Act and credited to the FIP account for the fiscal year beginning July 1, 2014, and ending June 30, 2015, are allocated as follows:

a. To be retained by the department of human services to be used for coordinating with the department of human rights to more effectively serve participants in FIP and other shared clients and to meet federal reporting requirements under the federal temporary assistance for needy families block grant:
..... \$ 10,000

b. To the department of human rights for staffing, administration, and implementation of the family development and self-sufficiency grant program in accordance with section 216A.107:
..... \$ 3,021,417

(1) Of the funds allocated for the family development and self-sufficiency grant program in this lettered paragraph, not more than 5 percent of the funds shall be used for the administration of the grant program.

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(2) The department of human rights may continue to implement the family development and self-sufficiency grant program statewide during fiscal year 2014-2015.

c. For the diversion subaccount of the FIP account:

..... \$ 849,200

A portion of the moneys allocated for the subaccount may be used for field operations, salaries, data management system development, and implementation costs and support deemed necessary by the director of human services in order to administer the FIP diversion program. To the extent moneys allocated in this lettered paragraph are not deemed by the department to be necessary to support diversion activities, such moneys may be used for other efforts intended to increase engagement by family investment program participants in work, education, or training activities.

d. For the food assistance employment and training program:

..... \$ 33,294

(1) The department shall apply the federal supplemental nutrition assistance program (SNAP) employment and training state plan in order to maximize to the fullest extent permitted by federal law the use of the 50 percent federal reimbursement provisions for the claiming of allowable federal reimbursement funds from the United States department of agriculture pursuant to the federal SNAP employment and training program for providing education, employment, and training services for eligible food assistance program participants, including but not limited to related dependent care and transportation expenses.

(2) The department shall continue the categorical federal food assistance program eligibility at 160 percent of the federal poverty level and continue to eliminate the asset test from eligibility requirements, consistent with federal food assistance program requirements. The department shall include as many food assistance households as is allowed by federal

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law. The eligibility provisions shall conform to all federal requirements including requirements addressing individuals who are incarcerated or otherwise ineligible.

e. For the JOBS program:

..... \$ 9,845,408

5. Of the child support collections assigned under FIP, an amount equal to the federal share of support collections shall be credited to the child support recovery appropriation made in this division of this Act. Of the remainder of the assigned child support collections received by the child support recovery unit, a portion shall be credited to the FIP account, a portion may be used to increase recoveries, and a portion may be used to sustain cash flow in the child support payments account. If as a consequence of the appropriations and allocations made in this section the resulting amounts are insufficient to sustain cash assistance payments and meet federal maintenance of effort requirements, the department shall seek supplemental funding. If child support collections assigned under FIP are greater than estimated or are otherwise determined not to be required for maintenance of effort, the state share of either amount may be transferred to or retained in the child support payment account.

6. The department may adopt emergency rules for the family investment, JOBS, food assistance, and medical assistance programs if necessary to comply with federal requirements.

Sec. 138. FAMILY INVESTMENT PROGRAM GENERAL FUND. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

To be credited to the family investment program (FIP) account and used for family investment program assistance under chapter 239B:

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..... \$ 24,218,607

1. Of the funds appropriated in this section, \$3,912,189 is allocated for the JOBS program.

2. Of the funds appropriated in this section, \$1,581,927 is allocated for the family development and self-sufficiency grant program.

3. Notwithstanding section 8.39, for the fiscal year beginning July 1, 2014, if necessary to meet federal maintenance of effort requirements or to transfer federal temporary assistance for needy families block grant funding to be used for purposes of the federal social services block grant or to meet cash flow needs resulting from delays in receiving federal funding or to implement, in accordance with this division of this Act, activities currently funded with juvenile court services, county, or community moneys and state moneys used in combination with such moneys, the department of human services may transfer funds within or between any of the appropriations made in this division of this Act and appropriations in law for the federal social services block grant to the department for the following purposes, provided that the combined amount of state and federal temporary assistance for needy families block grant funding for each appropriation remains the same before and after the transfer:

- a. For the family investment program.
- b. For child care assistance.
- c. For child and family services.
- d. For field operations.
- e. For general administration.
- f. For distribution to counties or regions for services to persons with mental illness or an intellectual disability.

This subsection shall not be construed to prohibit the use of existing state transfer authority for other purposes. The department shall report any transfers made pursuant to this subsection to the legislative services agency.

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4. Of the funds appropriated in this section, \$97,839 shall be used for continuation of a grant to an Iowa-based nonprofit organization with a history of providing tax preparation assistance to low-income Iowans in order to expand the usage of the earned income tax credit. The purpose of the grant is to supply this assistance to underserved areas of the state.

5. Of the funds appropriated in this section, \$20,000 shall be used for the continuation of an unfunded pilot project, as defined in 441 IAC 100.1, relating to parental obligations, in which the child support recovery unit participates, to support the efforts of a nonprofit organization committed to strengthening the community through youth development, healthy living, and social responsibility in a county with a population over 350,000. The funds allocated in this subsection shall be used by the recipient organization to develop a larger community effort, through public and private partnerships, to support a broad-based fatherhood initiative that promotes payment of child support obligations, improved family relationships, and full-time employment.

6. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and field operations as necessary to administer this section and the overall family investment program.

Sec. 139. CHILD SUPPORT RECOVERY. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For child support recovery, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:		
.....	\$	7,086,885
.....	FTEs	464.00

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1. The department shall expend up to \$12,165, including federal financial participation, for the fiscal year beginning July 1, 2014, for a child support public awareness campaign. The department and the office of the attorney general shall cooperate in continuation of the campaign. The public awareness campaign shall emphasize, through a variety of media activities, the importance of maximum involvement of both parents in the lives of their children as well as the importance of payment of child support obligations.

2. Federal access and visitation grant moneys shall be issued directly to private not-for-profit agencies that provide services designed to increase compliance with the child access provisions of court orders, including but not limited to neutral visitation sites and mediation services.

3. The appropriation made to the department for child support recovery may be used throughout the fiscal year in the manner necessary for purposes of cash flow management, and for cash flow management purposes the department may temporarily draw more than the amount appropriated, provided the amount appropriated is not exceeded at the close of the fiscal year.

4. With the exception of the funding amount specified, the requirements established under 2001 Iowa Acts, chapter 191, section 3, subsection 5, paragraph "c", subparagraph (3), shall be applicable to parental obligation pilot projects for the fiscal year beginning July 1, 2014, and ending June 30, 2015. Notwithstanding 441 IAC 100.8, providing for termination of rules relating to the pilot projects, the rules shall remain in effect until June 30, 2015.

Sec. 140. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE — FY 2013-2014. Any funds remaining in the health care trust fund created in section 453A.35A for the fiscal year beginning July 1, 2014, and ending June 30, 2015, are appropriated to the department of human services to supplement the medical assistance program appropriations made in this division of this

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Act, for medical assistance reimbursement and associated costs, including program administration and costs associated with program implementation.

Sec. 141. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY 2014-2015. Any funds remaining in the Medicaid fraud fund created in section 249A.7 for the fiscal year beginning July 1, 2014, and ending June 30, 2015, are appropriated to the department of human services to supplement the medical assistance appropriations made in this division of this Act, for medical assistance reimbursement and associated costs, including program administration and costs associated with program implementation.

Sec. 142. MEDICAL ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2014, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

..... \$ 1,143,810,311

1. a. Iowans support reducing the number of abortions performed in our state. For an abortion covered under the program, except in the case of a medical emergency, as defined in section 135L.1, for any woman, the physician shall certify both of the following:

(1) That the woman has been given the opportunity to view an ultrasound image of the fetus as part of the standard of care before an abortion is performed.

(2) That the woman has been provided information regarding

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the options relative to a pregnancy, including continuing the pregnancy to term and retaining parental rights following the child's birth, continuing the pregnancy to term and placing the child for adoption, and terminating the pregnancy.

b. Funds appropriated under this section shall not be used for abortions, unless otherwise authorized under this section.

c. The provisions of this section relating to abortions shall also apply to the Iowa health and wellness plan created pursuant to chapter 249N, as enacted in this Act.

2. The department shall utilize not more than \$60,000 of the funds appropriated in this section to continue the AIDS/HIV health insurance premium payment program as established in 1992 Iowa Acts, Second Extraordinary Session, chapter 1001, section 409, subsection 6. Of the funds allocated in this subsection, not more than \$5,000 may be expended for administrative purposes.

3. Of the funds appropriated in this Act to the department of public health for addictive disorders, \$950,000 for the fiscal year beginning July 1, 2014, is transferred to the department of human services for an integrated substance-related disorder managed care system. The department shall not assume management of the substance-related disorder system in place of the managed care contractor unless such a change in approach is specifically authorized in law. The departments of human services and public health shall work together to maintain the level of mental health and substance-related disorder treatment services provided by the managed care contractor through the Iowa plan for behavioral health. Each department shall take the steps necessary to continue the federal waivers as necessary to maintain the level of services.

4. a. The department shall aggressively pursue options for providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving

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services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department's exception to policy provisions, but who have health care needs in excess of the funding available through the exception to policy provisions.

b. Of the funds appropriated in this section, \$100,000 shall be used for participation in one or more pilot projects operated by a private provider to allow the individual or individuals to receive service in the community in accordance with principles established in *Olmstead v. L.C.*, 527 U.S. 581 (1999), for the purpose of providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department's exception to policy provisions, but who have health care needs in excess of the funding available through the exception to the policy provisions.

5. Of the funds appropriated in this section, up to \$3,050,082 may be transferred to the field operations or general administration appropriations in this division of this Act for operational costs associated with Part D of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, Pub. L. No. 108-173.

6. Of the funds appropriated in this section, up to \$442,100 may be transferred to the appropriation in this division of this Act for medical contracts to be used for clinical assessment services and prior authorization of services.

7. A portion of the funds appropriated in this section may be transferred to the appropriations in this division of this Act for general administration, medical contracts, the

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children's health insurance program, or field operations to be used for the state match cost to comply with the payment error rate measurement (PERM) program for both the medical assistance and children's health insurance programs as developed by the centers for Medicare and Medicaid services of the United States department of health and human services to comply with the federal Improper Payments Information Act of 2002, Pub. L. No. 107-300.

8. It is the intent of the general assembly that the department continue to implement the recommendations of the assuring better child health and development initiative II (ABCDII) clinical panel to the Iowa early and periodic screening, diagnostic, and treatment services healthy mental development collaborative board regarding changes to billing procedures, codes, and eligible service providers.

9. Of the funds appropriated in this section, a sufficient amount is allocated to supplement the incomes of residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability, with incomes of less than \$50 in the amount necessary for the residents to receive a personal needs allowance of \$50 per month pursuant to section 249A.30A.

10. Of the funds appropriated in this section, the following amounts are transferred to the appropriations made in this division of this Act for the state mental health institutes:

- a. Cherokee mental health institute..... \$ 9,098,425
- b. Clarinda mental health institute..... \$ 1,977,305
- c. Independence mental health institute..... \$ 9,045,894
- d. Mount Pleasant mental health institute..... \$ 5,752,587

11. a. Of the funds appropriated in this section, \$7,969,074 is allocated for the state match for a disproportionate share hospital payment of \$19,133,430 to hospitals that meet both of the conditions specified in

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subparagraphs (1) and (2). In addition, the hospitals that meet the conditions specified shall either certify public expenditures or transfer to the medical assistance program an amount equal to provide the nonfederal share for a disproportionate share hospital payment of \$7,500,000. The hospitals that meet the conditions specified shall receive and retain 100 percent of the total disproportionate share hospital payment of \$26,633,430.

(1) The hospital qualifies for disproportionate share and graduate medical education payments.

(2) The hospital is an Iowa state-owned hospital with more than 500 beds and eight or more distinct residency specialty or subspecialty programs recognized by the American college of graduate medical education.

b. Distribution of the disproportionate share payments shall be made on a monthly basis. The total amount of disproportionate share payments including graduate medical education, enhanced disproportionate share, and Iowa state-owned teaching hospital payments shall not exceed the amount of the state's allotment under Pub. L. No. 102-234. In addition, the total amount of all disproportionate share payments shall not exceed the hospital-specific disproportionate share limits under Pub. L. No. 103-66.

12. The university of Iowa hospitals and clinics shall either certify public expenditures or transfer to the appropriations made in this division of this Act for medical assistance an amount equal to provide the nonfederal share for increased medical assistance payments for inpatient and outpatient hospital services of \$9,900,000. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in medical assistance payments.

13. One hundred percent of the nonfederal share of payments to area education agencies that are medical assistance providers for medical assistance-covered services provided to

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medical assistance-covered children, shall be made from the appropriation made in this section.

14. Any new or renewed contract entered into by the department with a third party to administer behavioral health services under the medical assistance program shall provide that any interest earned on payments from the state during the state fiscal year shall be remitted to the department and treated as recoveries to offset the costs of the medical assistance program.

15. The department shall continue to implement the provisions in 2007 Iowa Acts, chapter 218, section 124 and section 126, as amended by 2008 Iowa Acts, chapter 1188, section 55, relating to eligibility for certain persons with disabilities under the medical assistance program in accordance with the federal Family Opportunity Act.

16. A portion of the funds appropriated in this section may be transferred to the appropriation in this division of this Act for medical contracts to be used for administrative activities associated with the money follows the person demonstration project.

17. Of the funds appropriated in this section, \$349,011 shall be used for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.

18. a. The department shall continue to implement the cost containment strategies for the medical assistance program in the fiscal year beginning July 1, 2014, that were recommended by the governor for the fiscal year beginning July 1, 2013, as specified in this Act and may adopt emergency rules for such implementation.

b. The department may increase the amounts allocated for salaries, support, maintenance, and miscellaneous purposes associated with the medical assistance program, as necessary, to implement the cost containment strategies. The department

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shall report any such increase to the legislative services agency and the department of management.

c. If the savings to the medical assistance program exceed the cost for the fiscal year beginning July 1, 2014, the department may transfer any savings generated for the fiscal year due to medical assistance program cost containment efforts to the appropriation made in this division of this Act for medical contracts or general administration to defray the increased contract costs associated with implementing such efforts.

d. The department shall report the implementation of any cost containment strategies under this subsection to the individuals specified in this division of this Act for submission of reports on a quarterly basis.

19. a. Of the funds appropriated in this section, \$900,000 shall be used to continue implementation of the children's mental health home project proposed by the department of human services and reported to the general assembly's mental health and disability services study committee in December 2011. Of this amount, up to \$50,000 may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the project.

b. Of the funds appropriated in this section, up to \$400,000 may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for general administration to continue to support the redesign of mental health and disability services and the state balancing incentive payments program planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for

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and the positions authorized for general administration for the same fiscal year.

c. Of the funds appropriated in this section, up to \$3,000,000 may be transferred by the department to the appropriations made to the department in this division of this Act for the same fiscal year for general administration or medical contracts to be used to continue to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.

d. For the fiscal year beginning July 1, 2014, and ending June 30, 2015, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph "f", shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this subsection.

20. The department shall continue to administer the state balancing incentive payments program as specified in 2012 Iowa Acts, chapter 1133, section 14.

21. Of the funds appropriated in this section, \$250,000 shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services. The department of human services shall establish the maximum number of overnight stays and the maximum rate reimbursed for overnight lodging, which may be based on the state employee rate established by the department of administrative services. The funds allocated in this subsection shall not be used as nonfederal share matching funds.

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Sec. 143. MEDICAL CONTRACTS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical contracts:

..... \$ 6,145,785

1. The department of inspections and appeals shall provide all state matching funds for survey and certification activities performed by the department of inspections and appeals. The department of human services is solely responsible for distributing the federal matching funds for such activities.

2. Of the funds appropriated in this section, \$25,000 shall be used for continuation of home and community-based services waiver quality assurance programs, including the review and streamlining of processes and policies related to oversight and quality management to meet state and federal requirements.

3. Of the amount appropriated in this section, up to \$100,000 may be transferred to the appropriation for general administration in this division of this Act to be used for additional full-time equivalent positions in the development of key health initiatives such as cost containment, development and oversight of managed care programs, and development of health strategies targeted toward improved quality and reduced costs in the Medicaid program.

4. Of the funds appropriated in this section, \$500,000 shall be used for planning and development, in cooperation with the department of public health, of a phased-in program to provide a dental home for children.

5. Of the funds appropriated in this section, \$37,500 shall be used for continued implementation of a uniform cost report.

6. Of the funds appropriated in this section, \$1,000,000 shall be used for the autism support program created in chapter

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225D, as enacted in this Act.

7. Of the funds appropriated in this section, \$49,895 shall be used for continued implementation of an electronic medical records system.

Sec. 144. STATE SUPPLEMENTARY ASSISTANCE.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the state supplementary assistance program:

..... \$ 8,256,087

2. The department shall increase the personal needs allowance for residents of residential care facilities by the same percentage and at the same time as federal supplemental security income and federal social security benefits are increased due to a recognized increase in the cost of living. The department may adopt emergency rules to implement this subsection.

3. If during the fiscal year beginning July 1, 2014, the department projects that state supplementary assistance expenditures for a calendar year will not meet the federal pass-through requirement specified in Tit. XVI of the federal Social Security Act, section 1618, as codified in 42 U.S.C. § 1382g, the department may take actions including but not limited to increasing the personal needs allowance for residential care facility residents and making programmatic adjustments or upward adjustments of the residential care facility or in-home health-related care reimbursement rates prescribed in this division of this Act to ensure that federal requirements are met. In addition, the department may make other programmatic and rate adjustments necessary to remain within the amount appropriated in this section while ensuring compliance with federal requirements. The department may adopt

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emergency rules to implement the provisions of this subsection.

Sec. 145. CHILDREN'S HEALTH INSURANCE PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For maintenance of the healthy and well kids in Iowa (hawk-i) program pursuant to chapter 514I, including supplemental dental services, for receipt of federal financial participation under Tit. XXI of the federal Social Security Act, which creates the children's health insurance program:

..... \$ 18,403,051

2. Of the funds appropriated in this section, \$70,725 is allocated for continuation of the contract for outreach with the department of public health.

Sec. 146. CHILD CARE ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child care programs:

..... \$ 31,354,897

1. Of the funds appropriated in this section, \$27,377,595 shall be used for state child care assistance in accordance with section 237A.13.

2. Nothing in this section shall be construed or is intended as or shall imply a grant of entitlement for services to persons who are eligible for assistance due to an income level consistent with the waiting list requirements of section 237A.13. Any state obligation to provide services pursuant to this section is limited to the extent of the funds appropriated in this section.

3. Of the funds appropriated in this section, \$216,227 is

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allocated for the statewide program for child care resource and referral services under section 237A.26. A list of the registered and licensed child care facilities operating in the area served by a child care resource and referral service shall be made available to the families receiving state child care assistance in that area.

4. Of the funds appropriated in this section, \$468,487 is allocated for child care quality improvement initiatives including but not limited to the voluntary quality rating system in accordance with section 237A.30.

5. Of the funds appropriated in this section, \$67,589 shall be used to conduct fingerprint-based national criminal history record checks of home-based child care providers pursuant to section 237A.5, subsection 2, through the United States department of justice, federal bureau of investigation.

6. Of the amount appropriated in this section, up to \$12,500 shall be used to continue to implement a searchable internet-based application as part of the consumer information made available under section 237A.25. The application shall provide a listing of the child care providers in this state that have received a rating under the voluntary quality rating system implemented pursuant to section 237A.30 and information on whether a provider specializes in child care for infants, school-age children, children with special needs, or other populations or provides any other specialized services to support family needs.

7. Of the funds appropriated in this section, \$3,175,000 shall be credited to the early childhood programs grants account in the early childhood Iowa fund created in section 256I.11. The moneys shall be distributed for funding of community-based early childhood programs targeted to children from birth through five years of age developed by early childhood Iowa areas in accordance with approved community plans as provided in section 256I.8.

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8. The department may use any of the funds appropriated in this section as a match to obtain federal funds for use in expanding child care assistance and related programs. For the purpose of expenditures of state and federal child care funding, funds shall be considered obligated at the time expenditures are projected or are allocated to the department's service areas. Projections shall be based on current and projected caseload growth, current and projected provider rates, staffing requirements for eligibility determination and management of program requirements including data systems management, staffing requirements for administration of the program, contractual and grant obligations and any transfers to other state agencies, and obligations for decategorization or innovation projects.

9. A portion of the state match for the federal child care and development block grant shall be provided as necessary to meet federal matching funds requirements through the state general fund appropriation made for child development grants and other programs for at-risk children in section 279.51.

10. If a uniform reduction ordered by the governor under section 8.31 or other operation of law, transfer, or federal funding reduction reduces the appropriation made in this section for the fiscal year, the percentage reduction in the amount paid out to or on behalf of the families participating in the state child care assistance program shall be equal to or less than the percentage reduction made for any other purpose payable from the appropriation made in this section and the federal funding relating to it. The percentage reduction to the other allocations made in this section shall be the same as the uniform reduction ordered by the governor or the percentage change of the federal funding reduction, as applicable. If there is an unanticipated increase in federal funding provided for state child care assistance, the entire amount of the increase shall be used for state child care assistance

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payments. If the appropriations made for purposes of the state child care assistance program for the fiscal year are determined to be insufficient, it is the intent of the general assembly to appropriate sufficient funding for the fiscal year in order to avoid establishment of waiting list requirements.

11. Notwithstanding section 8.33, moneys advanced for purposes of the programs developed by early childhood Iowa areas, advanced for purposes of wraparound child care, or received from the federal appropriations made for the purposes of this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 147. JUVENILE INSTITUTIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. For operation of the Iowa juvenile home at Toledo and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	4,429,678
.....	FTEs	114.00

2. For operation of the state training school at Eldora and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	5,628,485
.....	FTEs	164.30

Of the funds appropriated in this subsection, \$45,575 shall be used for distribution to licensed classroom teachers at this and other institutions under the control of the department of human services based upon the average student yearly enrollment at each institution as determined by the department.

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3. A portion of the moneys appropriated in this section shall be used by the state training school and by the Iowa juvenile home for grants for adolescent pregnancy prevention activities at the institutions in the fiscal year beginning July 1, 2014.

Sec. 148. CHILD AND FAMILY SERVICES.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child and family services:

..... \$ 45,641,960

2. Up to \$2,600,000 of the amount of federal temporary assistance for needy families block grant funding appropriated in this division of this Act for child and family services shall be made available for purposes of juvenile delinquent graduated sanction services.

3. The department may transfer funds appropriated in this section as necessary to pay the nonfederal costs of services reimbursed under the medical assistance program, state child care assistance program, or the family investment program which are provided to children who would otherwise receive services paid under the appropriation in this section. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and for field operations for resources necessary to implement and operate the services funded in this section.

4. a. Of the funds appropriated in this section, up to \$16,121,163 is allocated as the statewide expenditure target under section 232.143 for group foster care maintenance and services. If the department projects that such expenditures for the fiscal year will be less than the target amount allocated in this lettered paragraph, the department may

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reallocate the excess to provide additional funding for shelter care or the child welfare emergency services addressed with the allocation for shelter care.

b. If at any time after September 30, 2014, annualization of a service area's current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under section 232.143 by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be identified. The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In such a dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

5. In accordance with the provisions of section 232.188, the department shall continue the child welfare and juvenile justice funding initiative during fiscal year 2014-2015. Of the funds appropriated in this section, \$858,877 is allocated specifically for expenditure for fiscal year 2014-2015 through the decategorization service funding pools and governance boards established pursuant to section 232.188.

6. A portion of the funds appropriated in this section may be used for emergency family assistance to provide other resources required for a family participating in a family preservation or reunification project or successor project to stay together or to be reunified.

7. Notwithstanding section 234.35 or any other provision of law to the contrary, state funding for shelter care and the child welfare emergency services contracting implemented to provide for or prevent the need for shelter care shall be

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limited to \$3,808,024.

8. Federal funds received by the state during the fiscal year beginning July 1, 2014, as the result of the expenditure of state funds appropriated during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for services and purposes provided for under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for the purposes designated until the close of the succeeding fiscal year.

9. a. Of the funds appropriated in this section, up to \$1,645,000 is allocated for the payment of the expenses of court-ordered services provided to juveniles who are under the supervision of juvenile court services, which expenses are a charge upon the state pursuant to section 232.141, subsection 4. Of the amount allocated in this lettered paragraph, up to \$778,144 shall be made available to provide school-based supervision of children adjudicated under chapter 232, of which not more than \$7,500 may be used for the purpose of training. A portion of the cost of each school-based liaison officer shall be paid by the school district or other funding source as approved by the chief juvenile court officer.

b. Of the funds appropriated in this section, up to \$374,493 is allocated for the payment of the expenses of court-ordered services provided to children who are under the supervision of the department, which expenses are a charge upon the state pursuant to section 232.141, subsection 4.

c. Notwithstanding section 232.141 or any other provision of law to the contrary, the amounts allocated in this subsection shall be distributed to the judicial districts as determined by the state court administrator and to the department's service areas as determined by the administrator

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of the department's division of child and family services. The state court administrator and the division administrator shall make the determination of the distribution amounts on or before June 15, 2014.

d. Notwithstanding chapter 232 or any other provision of law to the contrary, a district or juvenile court shall not order any service which is a charge upon the state pursuant to section 232.141 if there are insufficient court-ordered services funds available in the district court or departmental service area distribution amounts to pay for the service. The chief juvenile court officer and the departmental service area manager shall encourage use of the funds allocated in this subsection such that there are sufficient funds to pay for all court-related services during the entire year. The chief juvenile court officers and departmental service area managers shall attempt to anticipate potential surpluses and shortfalls in the distribution amounts and shall cooperatively request the state court administrator or division administrator to transfer funds between the judicial districts' or departmental service areas' distribution amounts as prudent.

e. Notwithstanding any provision of law to the contrary, a district or juvenile court shall not order a county to pay for any service provided to a juvenile pursuant to an order entered under chapter 232 which is a charge upon the state under section 232.141, subsection 4.

f. Of the funds allocated in this subsection, not more than \$41,500 may be used by the judicial branch for administration of the requirements under this subsection.

g. Of the funds allocated in this subsection, \$8,500 shall be used by the department of human services to support the interstate commission for juveniles in accordance with the interstate compact for juveniles as provided in section 232.173.

10. Of the funds appropriated in this section, \$4,026,613 is

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allocated for juvenile delinquent graduated sanctions services. Any state funds saved as a result of efforts by juvenile court services to earn federal Tit. IV-E match for juvenile court services administration may be used for the juvenile delinquent graduated sanctions services.

11. Of the funds appropriated in this section, \$804,143 is transferred to the department of public health to be used for the child protection center grant program in accordance with section 135.118. The grant amounts under the program shall be equalized so that each center receives a uniform amount of at least \$122,500.

12. If the department receives federal approval to implement a waiver under Tit. IV-E of the federal Social Security Act to enable providers to serve children who remain in the children's families and communities, for purposes of eligibility under the medical assistance program through 25 years of age, children who participate in the waiver shall be considered to be placed in foster care.

13. Of the funds appropriated in this section, \$1,628,490 is allocated for the preparation for adult living program pursuant to section 234.46.

14. Of the funds appropriated in this section, \$260,075 shall be used for juvenile drug courts. The amount allocated in this subsection shall be distributed as follows:

To the judicial branch for salaries to assist with the operation of juvenile drug court programs operated in the following jurisdictions:

- a. Marshall county:
 - \$ 31,354
- b. Woodbury county:
 - \$ 62,841
- c. Polk county:
 - \$ 97,946
- d. The third judicial district:

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..... \$ 33,967

e. The eighth judicial district:

..... \$ 33,967

15. Of the funds appropriated in this section, \$113,669 shall be used for the public purpose of continuing a grant to a nonprofit human services organization providing services to individuals and families in multiple locations in southwest Iowa and Nebraska for support of a project providing immediate, sensitive support and forensic interviews, medical exams, needs assessments, and referrals for victims of child abuse and their nonoffending family members.

16. Of the funds appropriated in this section, \$100,295 is allocated for the foster care youth council approach of providing a support network to children placed in foster care.

17. Of the funds appropriated in this section, \$101,000 is allocated for use pursuant to section 235A.1 for continuation of the initiative to address child sexual abuse implemented pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection 21.

18. Of the funds appropriated in this section, \$315,120 is allocated for the community partnership for child protection sites.

19. Of the funds appropriated in this section, \$185,625 is allocated for the department's minority youth and family projects under the redesign of the child welfare system.

20. Of the funds appropriated in this section, \$718,298 is allocated for funding of the community circle of care collaboration for children and youth in northeast Iowa.

21. Of the funds appropriated in this section, at least \$73,579 shall be used for the child welfare training academy.

22. Of the funds appropriated in this section, \$12,500 shall be used for the public purpose of continuation of a grant to a child welfare services provider headquartered in a county with a population between 205,000 and 215,000 in the

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latest certified federal census that provides multiple services including but not limited to a psychiatric medical institution for children, shelter, residential treatment, after school programs, school-based programming, and an Asperger's syndrome program, to be used for support services for children with autism spectrum disorder and their families.

23. Of the funds appropriated in this section, \$12,500 shall be used for the public purpose of continuing a grant to a hospital-based provider headquartered in a county with a population between 90,000 and 95,000 in the latest certified federal census that provides multiple services including but not limited to diagnostic, therapeutic, and behavioral services to individuals with autism spectrum disorder across the lifespan. The grant recipient shall utilize the funds to continue the pilot project to determine the necessary support services for children with autism spectrum disorder and their families to be included in the children's disabilities services system. The grant recipient shall submit findings and recommendations based upon the results of the pilot project to the individuals specified in this division of this Act for submission of reports by December 31, 2014.

24. Of the funds appropriated in this section, \$163,974 shall be used for continuation of the central Iowa system of care program grant through June 30, 2015.

25. Of the funds appropriated in this section, \$80,000 shall be used for the public purpose of the continuation of a system of care grant implemented in Cerro Gordo and Linn counties.

26. Of the funds appropriated in this section, at least \$12,500 shall be used to continue and to expand the foster care respite pilot program in which postsecondary students in social work and other human services-related programs receive experience by assisting family foster care providers with respite and other support.

Sec. 149. ADOPTION SUBSIDY.

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1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For adoption subsidy payments and services:

..... \$ 20,364,641

2. The department may transfer funds appropriated in this section to the appropriation made in this division of this Act for general administration for costs paid from the appropriation relating to adoption subsidy.

3. Federal funds received by the state during the fiscal year beginning July 1, 2014, as the result of the expenditure of state funds during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for the services and activities funded under this section. Notwithstanding section 8.33, moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 150. JUVENILE DETENTION HOME FUND. Moneys deposited in the juvenile detention home fund created in section 232.142 during the fiscal year beginning July 1, 2014, and ending June 30, 2015, are appropriated to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, for distribution of an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the fiscal year beginning July 1, 2013. Moneys appropriated for distribution in accordance with this section shall be allocated among eligible detention homes, prorated on the basis of an eligible detention home's proportion of the costs of all

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eligible detention homes in the fiscal year beginning July 1, 2013. The percentage figure shall be determined by the department based on the amount available for distribution for the fund. Notwithstanding section 232.142, subsection 3, the financial aid payable by the state under that provision for the fiscal year beginning July 1, 2014, shall be limited to the amount appropriated for the purposes of this section.

Sec. 151. FAMILY SUPPORT SUBSIDY PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the family support subsidy program subject to the enrollment restrictions in section 225C.37, subsection 3:

..... \$ 546,478

2. The department shall use at least \$241,750 of the moneys appropriated in this section for the family support center component of the comprehensive family support program under section 225C.47. Not more than \$12,500 of the amount allocated in this subsection shall be used for administrative costs.

3. If at any time during the fiscal year, the amount of funding available for the family support subsidy program is reduced from the amount initially used to establish the figure for the number of family members for whom a subsidy is to be provided at any one time during the fiscal year, notwithstanding section 225C.38, subsection 2, the department shall revise the figure as necessary to conform to the amount of funding available.

Sec. 152. CONNER DECREE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

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For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v. Branstad, No. 4-86-CV-30871(S.D. Iowa, July 14, 1994):

..... \$ 16,811

Sec. 153. MENTAL HEALTH INSTITUTES. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. For the state mental health institute at Cherokee for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 2,977,232
..... FTEs 169.20

2. For the state mental health institute at Clarinda for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 3,375,934
..... FTEs 86.10

3. For the state mental health institute at Independence for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 5,159,389
..... FTEs 233.00

4. For the state mental health institute at Mount Pleasant for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 683,343
..... FTEs 97.92

Sec. 154. STATE RESOURCE CENTERS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year

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beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

a. For the state resource center at Glenwood for salaries, support, maintenance, and miscellaneous purposes:
..... \$ 10,137,236

b. For the state resource center at Woodward for salaries, support, maintenance, and miscellaneous purposes:
..... \$ 7,110,232

2. The department may continue to bill for state resource center services utilizing a scope of services approach used for private providers of ICFID services, in a manner which does not shift costs between the medical assistance program, counties, or other sources of funding for the state resource centers.

3. The state resource centers may expand the time-limited assessment and respite services during the fiscal year.

4. If the department's administration and the department of management concur with a finding by a state resource center's superintendent that projected revenues can reasonably be expected to pay the salary and support costs for a new employee position, or that such costs for adding a particular number of new positions for the fiscal year would be less than the overtime costs if new positions would not be added, the superintendent may add the new position or positions. If the vacant positions available to a resource center do not include the position classification desired to be filled, the state resource center's superintendent may reclassify any vacant position as necessary to fill the desired position. The superintendents of the state resource centers may, by mutual agreement, pool vacant positions and position classifications during the course of the fiscal year in order to assist one another in filling necessary positions.

5. If existing capacity limitations are reached in operating units, a waiting list is in effect for a service or

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a special need for which a payment source or other funding is available for the service or to address the special need, and facilities for the service or to address the special need can be provided within the available payment source or other funding, the superintendent of a state resource center may authorize opening not more than two units or other facilities and begin implementing the service or addressing the special need during fiscal year 2014-2015.

Sec. 155. SEXUALLY VIOLENT PREDATORS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For costs associated with the commitment and treatment of sexually violent predators in the unit located at the state mental health institute at Cherokee, including costs of legal services and other associated costs, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	4,708,485
.....	FTEs	124.50

2. Unless specifically prohibited by law, if the amount charged provides for recoupment of at least the entire amount of direct and indirect costs, the department of human services may contract with other states to provide care and treatment of persons placed by the other states at the unit for sexually violent predators at Cherokee. The moneys received under such a contract shall be considered to be repayment receipts and used for the purposes of the appropriation made in this section.

Sec. 156. FIELD OPERATIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30,

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2015, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For field operations, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 33,261,194
.....	FTEs 1,837.00

1. As a condition of this appropriation, the department shall make every possible effort to fill the entire number of positions authorized by this section and, unless specifically provided otherwise by an applicable collective bargaining agreement, the department is not subject to any approval requirement external to the department to fill a field operations vacancy within the number of full-time equivalent positions authorized by this section. The department shall report on the first of each month to the chairpersons and ranking members of the appropriations committees of the senate and house of representatives, and the persons designated by this Act for submission of reports concerning the status of filling the positions.

2. Priority in filling full-time equivalent positions shall be given to those positions related to child protection services and eligibility determination for low-income families.

Sec. 157. GENERAL ADMINISTRATION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For general administration, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$ 8,152,386
.....	FTEs 309.00

1. Of the funds appropriated in this section, \$31,772 is

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allocated for the prevention of disabilities policy council established in section 225B.3.

2. The department shall report at least monthly to the legislative services agency concerning the department's operational and program expenditures.

3. Of the funds appropriated in this section, \$66,150 shall be used to continue the contract for the provision of a program to provide technical assistance, support, and consultation to providers of habilitation services and home and community-based services waiver services for adults with disabilities under the medical assistance program.

4. Of the funds appropriated in this section, \$25,000 is transferred to the Iowa finance authority to be used for administrative support of the council on homelessness established in section 16.100A and for the council to fulfill its duties in addressing and reducing homelessness in the state.

5. Of the funds appropriated in this section, \$125,000 is transferred to the department of inspections and appeals to be used to implement a new mental health advocate division in the department in accordance with 2013 Iowa Acts, Senate File 406, if enacted.

Sec. 158. VOLUNTEERS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For development and coordination of volunteer services:
..... \$ 42,330

Sec. 159. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE DEPARTMENT OF HUMAN SERVICES.

1. a. (1) For the fiscal year beginning July 1, 2014, the total state funding amount for the nursing facility budget

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shall not exceed \$268,712,511.

(2) The department, in cooperation with nursing facility representatives, shall review projections for state funding expenditures for reimbursement of nursing facilities on a quarterly basis and the department shall determine if an adjustment to the medical assistance reimbursement rate is necessary in order to provide reimbursement within the state funding amount for the fiscal year. Notwithstanding 2001 Iowa Acts, chapter 192, section 4, subsection 2, paragraph "c", and subsection 3, paragraph "a", subparagraph (2), if the state funding expenditures for the nursing facility budget for the fiscal year are projected to exceed the amount specified in subparagraph (1), the department shall adjust the reimbursement for nursing facilities reimbursed under the case-mix reimbursement system to maintain expenditures of the nursing facility budget within the specified amount for the fiscal year.

(3) For the fiscal year beginning July 1, 2014, special population nursing facilities shall be reimbursed in accordance with the methodology in effect on June 30, 2014.

b. (1) For the fiscal year beginning July 1, 2014, the department shall continue the pharmacy dispensing fee reimbursement at \$10.12 per prescription. The actual dispensing fee shall be determined by a cost of dispensing survey performed by the department and required to be completed by all medical assistance program participating pharmacies every two years beginning in FY 2014-2015.

(2) The department shall utilize an average acquisition cost reimbursement methodology for all drugs covered under the medical assistance program in accordance with 2012 Iowa Acts, chapter 1133, section 33.

c. (1) For the fiscal year beginning July 1, 2014, reimbursement rates for outpatient hospital services shall remain at the rates in effect on June 30, 2014.

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(2) For the fiscal year beginning July 1, 2014, reimbursement rates for inpatient hospital services shall remain at the rates in effect on June 30, 2014.

(3) For the fiscal year beginning July 1, 2014, the graduate medical education and disproportionate share hospital fund shall remain at the amount in effect on June 30, 2014, except that the portion of the fund attributable to graduate medical education shall be reduced in an amount that reflects the elimination of graduate medical education payments made to out-of-state hospitals.

(4) In order to ensure the efficient use of limited state funds in procuring health care services for low-income Iowans, funds appropriated in this Act for hospital services shall not be used for activities which would be excluded from a determination of reasonable costs under the federal Medicare program pursuant to 42 U.S.C. § 1395X(v)(1)(N).

d. For the fiscal year beginning July 1, 2014, reimbursement rates for rural health clinics, hospices, and acute mental hospitals shall be increased in accordance with increases under the federal Medicare program or as supported by their Medicare audited costs.

e. For the fiscal year beginning July 1, 2014, independent laboratories and rehabilitation agencies shall be reimbursed using the same methodology in effect on June 30, 2014.

f. (1) For the fiscal year beginning July 1, 2014, reimbursement rates for home health agencies shall continue to be based on the methodology in effect on June 30, 2014, as adjusted to not exceed the reimbursement for the fiscal year beginning July 1, 2013.

(2) For the fiscal year beginning July 1, 2014, rates for private duty nursing and personal care services under the early and periodic screening, diagnostic, and treatment program benefit shall be calculated based on the methodology in effect on June 30, 2014.

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g. For the fiscal year beginning July 1, 2014, federally qualified health centers shall receive cost-based reimbursement for 100 percent of the reasonable costs for the provision of services to recipients of medical assistance.

h. For the fiscal year beginning July 1, 2014, the reimbursement rates for dental services shall remain at the rates in effect on June 30, 2014.

i. (1) For the fiscal year beginning July 1, 2014, state-owned psychiatric medical institutions for children shall receive cost-based reimbursement for 100 percent of the actual and allowable costs for the provision of services to recipients of medical assistance.

(2) For the nonstate-owned psychiatric medical institutions for children, reimbursement rates shall be based on the reimbursement methodology developed by the department as required for federal compliance.

(3) As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.

j. For the fiscal year beginning July 1, 2014, unless otherwise specified in this Act, all noninstitutional medical assistance provider reimbursement rates shall remain at the rates in effect on June 30, 2014, except for area education agencies, local education agencies, infant and toddler services providers, home and community-based services providers including consumer-directed attendant care providers under a section 1915(c) or 1915(i) waiver, targeted case management providers, and those providers whose rates are required to be determined pursuant to section 249A.20.

k. Notwithstanding any provision to the contrary, for the fiscal year beginning July 1, 2014, the reimbursement rate for

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anesthesiologists shall remain at the rate in effect on June 30, 2014.

1. For the fiscal year beginning July 1, 2014, the average reimbursement rate for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology under section 249A.20 shall remain at the rate in effect on June 30, 2014; however, this rate shall not exceed the maximum level authorized by the federal government.

m. For the fiscal year beginning July 1, 2014, the reimbursement rate for residential care facilities shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement. The flat reimbursement rate for facilities electing not to file annual cost reports shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

n. For the fiscal year beginning July 1, 2014, the reimbursement rates for inpatient mental health services provided at hospitals shall remain at the rates in effect on June 30, 2014, subject to Medicaid program upper payment limit rules; community mental health centers and providers of mental health services to county residents pursuant to a waiver approved under section 225C.7, subsection 3, shall be reimbursed at 100 percent of the reasonable costs for the provision of services to recipients of medical assistance; and psychiatrists shall be reimbursed at the medical assistance program fee for service rate.

o. For the fiscal year beginning July 1, 2014, the reimbursement rate for providers of family planning services that are eligible to receive a 90 percent federal match shall remain at the rates in effect on June 30, 2014.

p. For the fiscal year beginning July 1, 2014, the upper

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limits on reimbursement rates for providers of home and community-based services waiver services shall be the limits in effect on June 30, 2014.

q. For the fiscal year beginning July 1, 2014, the reimbursement rate for emergency medical service providers shall be the rate in effect on June 30, 2014.

2. For the fiscal year beginning July 1, 2014, the reimbursement rate for providers reimbursed under the in-home-related care program shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

3. Unless otherwise directed in this section, when the department's reimbursement methodology for any provider reimbursed in accordance with this section includes an inflation factor, this factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

4. a. For the fiscal year beginning July 1, 2014, the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages 0 through 5 years shall be \$16.78, the rate for children ages 6 through 11 years shall be \$17.45, the rate for children ages 12 through 15 years shall be \$19.10, and the rate for children and young adults ages 16 and older shall be \$19.35. For youth ages 18 to 21 who have exited foster care, the preparation for adult living program maintenance rate shall be \$602.70 per month. The maximum payment for adoption subsidy nonrecurring expenses shall be limited to \$500 and the disallowance of additional amounts for court costs and other related legal expenses implemented pursuant to 2010 Iowa Acts, chapter 1031, section 408 shall be continued.

5. For the fiscal year beginning July 1, 2014, the maximum reimbursement rates under the supervised apartment living program and for social services providers under contract

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shall remain at the rates in effect on June 30, 2014, or the provider's actual and allowable cost plus inflation for each service, whichever is less. However, if a new service or service provider is added after June 30, 2014, the initial reimbursement rate for the service or provider shall be based upon a weighted average of provider rates for similar services.

6. For the fiscal year beginning July 1, 2014, the reimbursement rates for family-centered service providers, family foster care service providers, group foster care service providers, and the resource family recruitment and retention contractor shall remain at the rates in effect on June 30, 2014.

7. The group foster care reimbursement rates paid for placement of children out of state shall be calculated according to the same rate-setting principles as those used for in-state providers, unless the director of human services or the director's designee determines that appropriate care cannot be provided within the state. The payment of the daily rate shall be based on the number of days in the calendar month in which service is provided.

8. a. For the fiscal year beginning July 1, 2014, the reimbursement rate paid for shelter care and the child welfare emergency services implemented to provide or prevent the need for shelter care shall be established by contract.

b. For the fiscal year beginning July 1, 2014, the combined service and maintenance components of the reimbursement rate paid for shelter care services shall be based on the financial and statistical report submitted to the department. The maximum reimbursement rate shall be \$96.98 per day. The department shall reimburse a shelter care provider at the provider's actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

c. Notwithstanding section 232.141, subsection 8, for the fiscal year beginning July 1, 2014, the amount of the statewide

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average of the actual and allowable rates for reimbursement of juvenile shelter care homes that is utilized for the limitation on recovery of unpaid costs shall remain at the amount in effect for this purpose in the fiscal year beginning July 1, 2013.

9. For the fiscal year beginning July 1, 2013, the department shall calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities at the 80th percentile. Beginning July 1, 2013, the rate calculation methodology shall utilize the consumer price index inflation factor applicable to the fiscal year beginning July 1, 2013.

10. For the fiscal year beginning July 1, 2014, for child care providers reimbursed under the state child care assistance program, the department shall set provider reimbursement rates based on the rate reimbursement survey completed in December 2004. The department shall set rates in a manner so as to provide incentives for a nonregistered provider to become registered by applying the increase only to registered and licensed providers.

11. The department may adopt emergency rules to implement this section.

Sec. 160. EMERGENCY RULES.

1. If specifically authorized by a provision of this division of this Act for the fiscal year beginning July 1, 2013, the department of human services or the mental health and disability services commission may adopt administrative rules under section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b", to implement the provisions and the rules shall become effective immediately upon filing or on a later effective date specified in the rules, unless the effective date is delayed by the administrative rules review committee. Any rules adopted in accordance with this section shall not take effect before the rules are reviewed by the

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administrative rules review committee. The delay authority provided to the administrative rules review committee under section 17A.4, subsection 7, and section 17A.8, subsection 9, shall be applicable to a delay imposed under this section, notwithstanding a provision in those sections making them inapplicable to section 17A.5, subsection 2, paragraph "b". Any rules adopted in accordance with the provisions of this section shall also be published as notice of intended action as provided in section 17A.4.

2. If during the fiscal year beginning July 1, 2013, the department of human services is adopting rules in accordance with this section or as otherwise directed or authorized by state law, and the rules will result in an expenditure increase beyond the amount anticipated in the budget process or if the expenditure was not addressed in the budget process for the fiscal year, the department shall notify the persons designated by this division of this Act for submission of reports, the chairpersons and ranking members of the committees on appropriations, and the department of management concerning the rules and the expenditure increase. The notification shall be provided at least 30 calendar days prior to the date notice of the rules is submitted to the administrative rules coordinator and the administrative code editor.

Sec. 161. REPORTS. Any reports or other information required to be compiled and submitted under this Act during the fiscal year beginning July 1, 2013, shall be submitted to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, the legislative services agency, and the legislative caucus staffs on or before the dates specified for submission of the reports or information.

DIVISION XXXII

HEALTH CARE ACCOUNTS AND FUNDS — FY 2014-2015

Sec. 162. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is

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appropriated from the pharmaceutical settlement account created in section 249A.33 to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

Notwithstanding any provision of law to the contrary, to supplement the appropriations made in this Act for medical contracts under the medical assistance program for the fiscal year beginning July 1, 2013, and ending June 30, 2014:

..... \$ 3,325,000

Sec. 163. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the quality assurance trust fund created in section 249L.4 to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, for the purposes designated:

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

..... \$ 28,788,917

Sec. 164. HOSPITAL HEALTH CARE ACCESS TRUST FUND — DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the hospital health care access trust fund created in section 249M.4 to the department of human services for the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following amounts, or so much thereof as is necessary, for the purposes designated:

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

..... \$ 34,700,000

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Sec. 165. MEDICAL ASSISTANCE PROGRAM — NONREVERSION FOR FY 2014-2015. Notwithstanding section 8.33, if moneys appropriated for purposes of the medical assistance program for the fiscal year beginning July 1, 2014, and ending June 30, 2015, from the general fund of the state, the quality assurance trust fund and the hospital health care access trust fund, are in excess of actual expenditures for the medical assistance program and remain unencumbered or unobligated at the close of the fiscal year, the excess moneys shall not revert but shall remain available for expenditure for the purposes of the medical assistance program until the close of the succeeding fiscal year.

DIVISION XXXIII

IOWA HEALTH AND WELLNESS PLAN

Sec. 166. NEW SECTION. 249N.1 Title.

This chapter shall be known and may be cited as the "*Iowa Health and Wellness Plan*".

Sec. 167. NEW SECTION. 249N.2 Definitions.

As used in this chapter, unless the context otherwise requires:

1. "*Accountable care organization*" means a risk-bearing, integrated health care organization characterized by a payment and care delivery model that ties provider reimbursement to quality metrics and reductions in the total cost of care for an attributed population of patients.

2. "*Affordable Care Act*" means the federal Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the federal Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152.

3. "*Covered benefits*" means covered benefits as specified in section 249N.5.

4. "*Department*" means the department of human services.

5. "*Director*" means the director of human services.

6. "*Eligible individual*" means an individual eligible for

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medical assistance pursuant to section 249A.3, subsection 1, paragraph "v".

7. "*Essential health benefits*" means essential health benefits as defined in section 1302 of the Affordable Care Act, that include at least the general categories and the items and services covered within the categories of ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

8. "*Federal approval*" means approval by the centers for Medicare and Medicaid services of the United States department of health and human services.

9. "*Federal poverty level*" means the most recently revised poverty income guidelines published by the United States department of health and human services.

10. "*Household income*" means household income as determined using the modified adjusted gross income methodology pursuant to section 2002 of the Affordable Care Act.

11. "*Iowa health and wellness plan*" or "*plan*" means the Iowa health and wellness plan established under this chapter.

12. "*Iowa health and wellness plan provider*" means any provider enrolled in the medical assistance program or any participating accountable care organization.

13. "*Iowa health and wellness plan provider network*" means the health care delivery network approved by the department for Iowa health and wellness plan members.

14. "*Medical assistance program*" or "*Medicaid*" means the program paying all or part of the costs of care and services provided to an individual pursuant to chapter 249A and Tit. XIX of the federal Social Security Act.

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15. "*Medical home*" means medical home as defined in section 135.157.

16. "*Member*" means an eligible individual who is enrolled in the Iowa health and wellness plan.

17. "*Participating accountable care organization*" means an accountable care organization approved by the department to participate in the Iowa health and wellness plan provider network.

18. "*Preventive care services*" means care that is provided to an individual to promote health, prevent disease, or diagnose disease.

19. "*Primary medical provider*" means the personal provider as defined in section 135.157 chosen by a member or to whom a member is assigned under the Iowa health and wellness plan.

20. "*Value-based reimbursement*" means a payment methodology that links provider reimbursement to improved performance by health care providers by holding health care providers accountable for both the cost and quality of care provided.

Sec. 168. NEW SECTION. **249N.3 Purpose — establishment of Iowa health and wellness plan — limitation.**

1. The purpose of this chapter is to establish and provide for the administration of an Iowa health and wellness plan to promote all of the following:

a. Increased access to health care through a patient-centered, integrated health care system.

b. Improved quality health care outcomes.

c. Incentives to encourage personal responsibility, cost-conscious utilization of health care, and adoption of preventive practices and healthy behaviors.

d. Health care cost containment and minimization of administrative costs.

2. The Iowa health and wellness plan is established within the medical assistance program and shall be administered by the department. Except as otherwise specified in this chapter,

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provisions applicable to the medical assistance program pursuant to chapter 249A shall be applicable to the Iowa health and wellness plan.

3. The department may contract with a third-party administrator to provide eligibility determination support, and to administer enrollment, member outreach, and other components of the Iowa health and wellness plan.

4. The provisions of this chapter shall not be construed and are not intended to affect the provision of services to medical assistance program recipients existing on January 1, 2014.

5. *a.* If the methodology for calculating the federal medical assistance percentage for eligible individuals, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation, in a manner that reduces the percentage of federal assistance to the state in a manner inconsistent with 42 U.S.C. § 1396d(y), or if federal law or regulation affecting eligibility or benefits for the Iowa health and wellness plan is modified, the department may implement an alternative plan as specified in the medical assistance state plan or waiver for coverage of the affected population, subject to prior, statutory approval of implementation of the alternative plan.

b. If the methodology for calculating the federal medical assistance percentage for eligible individuals, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation resulting in a reduction of the percentage of federal assistance to the state below ninety percent but not below eighty-five percent, the medical assistance program reimbursement rates for inpatient and outpatient hospital services shall be reduced by a like percentage in the succeeding fiscal year, subject to prior, statutory approval of implementation of the reduction.

Sec. 169. NEW SECTION. 249N.4 Iowa health and wellness plan — eligibility.

1. Except as otherwise provided in this chapter, an

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individual may participate in the Iowa health and wellness plan if the individual meets all of the following criteria:

a. Is an eligible individual.

b. Meets the citizenship or alienage requirements of the medical assistance program, is a resident of Iowa, and provides a social security number upon application for the plan.

c. Fulfills all other conditions of participation in the Iowa health and wellness plan, including member financial participation pursuant to section 249N.7.

2. An individual who has access to affordable employer-sponsored health care coverage, as defined by rule of the department to align with regulations adopted by the federal internal revenue service under the Affordable Care Act, shall not be eligible for participation in the Iowa health and wellness plan.

3. Each applicant for the Iowa health and wellness plan shall provide to the department all insurance information required by the health insurance premium payment program in accordance with rules adopted by the department.

a. The department may elect to pay the cost of premiums for applicants with access to employer-sponsored health care coverage if the department determines such payment to be cost-effective.

b. Eligibility for the Iowa health and wellness plan is a qualifying event under the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

c. If premium payment is provided under this subsection for employer-sponsored health care coverage, the Iowa health and wellness plan shall supplement such coverage as necessary to provide the covered benefits specified under section 249N.5.

4. The department shall implement the Iowa health and wellness plan in a manner that ensures that the Iowa health and wellness plan is the payor of last resort.

5. A member is eligible for coverage effective the first day

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of the month following the month of application for enrollment.

6. Following initial enrollment, a member is eligible for covered benefits for twelve months, subject to program termination and other limitations otherwise specified in this chapter. The department shall review the member's eligibility on at least an annual basis.

Sec. 170. NEW SECTION. 249N.5 Iowa health and wellness plan — covered benefits — administration.

1. Iowa health and wellness plan members shall receive coverage for benefits as specified in section 249A.3, subsection 1, paragraph `v`.

2. *a.* For members whose household income is at or below one hundred percent of the federal poverty level, the plan shall be administered by the Iowa Medicaid enterprise consistent with program administration applicable to individuals under section 249A.3, subsection 1.

b. For members whose household income is above one hundred percent but not in excess of one hundred thirty-three percent of the federal poverty level, the plan shall be administered through provision of premium assistance for the purchase of the covered benefits through the American health benefits exchange created pursuant to the Affordable Care Act. The department may pay premiums and supplemental cost-sharing subsidies directly to qualified health plans participating in the American health benefits exchange created pursuant to the Affordable Care Act on behalf of the member.

Sec. 171. NEW SECTION. 249N.6 Iowa health and wellness plan provider network.

1. The Iowa health and wellness plan provider network shall include all providers enrolled in the medical assistance program and all participating accountable care organizations. Reimbursement under this chapter shall only be made to such Iowa health and wellness plan providers for covered benefits.

2. *a.* Upon enrollment, a member shall choose a primary

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medical provider and, to the extent feasible, shall also choose a medical home within the Iowa health and wellness plan provider network.

b. If the member does not choose a primary medical provider or a medical home, the department shall assign the member to a primary medical provider or a medical home in accordance with the Medicaid managed health care, mandatory enrollment provisions specified in rules adopted by the department pursuant to chapter 249A and in accordance with quality data available to the department.

c. The department shall develop a mechanism for primary medical providers, medical homes, and participating accountable care organizations to jointly facilitate member care coordination. The Iowa health and wellness plan shall provide for reimbursement of care coordination services provided under the plan consistent with the reimbursement methodology developed pursuant to section 135.159.

3. *a.* The department shall provide procedures for accountable care organizations that emerge through local markets to participate in the Iowa health and wellness plan provider network. Such accountable care organizations shall incorporate the medical home as defined and specified in chapter 135, division XXII, as a foundation and shall emphasize whole-person orientation and coordination and integration of both clinical services and nonclinical community and social supports that address social determinants of health. A participating accountable care organization shall enter into a contract with the department to ensure the coordination and management of the health of attributed members, to produce quality health care outcomes, and to control overall cost.

b. The department shall establish by rule in accordance with chapter 17A the qualifications, contracting processes, and contract terms for a participating accountable care organization. The rules shall also establish a methodology for

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attribution of a member to a participating accountable care organization.

c. A participating accountable care organization contract shall establish accountability based on quality performance and total cost-of-care metrics for the attributed population. In developing quality performance standards the department shall consider those utilized by state accountable care organization models including but not limited to the quality index score and the Medicare shared savings program quality reporting metrics. The payment models shall include but are not limited to risk sharing, including both shared savings and shared costs, between the state and the participating accountable care organization, and bonus payments for improved quality. The contract terms shall require that a participating accountable care organization is subject to shared savings beginning with the initial year of the contract, must have quality metrics in place within three years of the initial year of the contract, and must participate in risk sharing within five years of the initial year of the contract.

4. To the greatest extent possible, members shall have a choice of providers within the Iowa health and wellness plan provider network to facilitate access to locally-based health care providers and services. However, member choice may be limited by the results of attribution under this section and by the participating accountable care organization, with prior approval of the department, if the member's health condition would benefit from limiting the member's choice of an Iowa health and wellness plan provider to ensure coordination of services, or due to overutilization of covered benefits. The participating accountable care organization shall provide thirty days' notice to the member prior to limitation of such choice.

5. *a.* An Iowa health and wellness plan provider shall be reimbursed for covered benefits under the Iowa health and

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wellness plan utilizing the same reimbursement methodology as that applicable to individuals eligible for medical assistance under section 249A.3, subsection 1.

b. Notwithstanding paragraph “*a*”, a participating accountable care organization under contract with the department shall be reimbursed utilizing a value-based reimbursement methodology.

6. *a.* Iowa health and wellness plan providers shall exchange member health information as provided by rule to facilitate coordination and management of members’ health, quality health care outcomes, and containment of and reduction in costs.

b. The department shall provide the health care claims data of attributed members to a member’s participating accountable care organization on a timeframe established by rule of the department.

Sec. 172. NEW SECTION. 249N.7 Member financial participation.

1. Membership in the Iowa health and wellness plan shall require payment of monthly contributions for members whose household income is at or above fifty percent of the federal poverty level. Members shall be subject to copayment amounts applicable only to nonemergency use of a hospital emergency department. Total member cost-sharing, annually, shall align with the cost-sharing limitations requirements for the American health benefits exchanges under the Affordable Care Act. Contributions and copayment amounts shall be established by rule of the department.

2. Contributions shall be waived for a member during the initial year of membership. If a member completes all required preventive care services and wellness activities as specified by rule of the department during the initial year of membership contributions shall be waived during the subsequent year of membership and each year thereafter until such time as the

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member fails to complete required preventive care services and wellness activities specified during the prior annual membership period.

Sec. 173. NEW SECTION. **249N.8 Mental health services reports.**

The department shall submit all of the following to the governor and the general assembly:

1. Biennially, a report of the results of a review, by county and region, of mental health services previously funded through taxes levied by counties pursuant to section 331.424A, that are funded during the reporting period under the Iowa health and wellness plan.

2. Annually, a report of the results of a review of the outcomes and effectiveness of mental health services provided under the Iowa health and wellness plan.

Sec. 174. Section 135.157, subsections 4 and 6, Code 2013, are amended to read as follows:

4. "*Medical home*" means a team approach to providing health care that originates in a primary care setting; fosters a partnership among the patient, the personal provider, and other health care professionals, and where appropriate, the patient's family; utilizes the partnership to access and integrate all medical and nonmedical health-related services across all elements of the health care system and the patient's community as needed by the patient and the patient's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the characteristics specified in section 135.158.

6. "*Personal provider*" means the patient's first point of contact in the health care system with a primary care provider who identifies the patient's health health-related needs and, working with a team of health care professionals and providers of medical and nonmedical health-related services, provides

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for and coordinates appropriate care to address the ~~health~~
health-related needs identified.

Sec. 175. Section 135.158, subsection 2, paragraphs b, c, and d, Code 2013, are amended to read as follows:

b. A provider-directed team-based medical practice. The personal provider leads a team of individuals at the practice level who collectively take responsibility for the ongoing ~~health-care~~ health-related needs of patients.

c. Whole person orientation. The personal provider is responsible for providing for all of a patient's ~~health-care~~ health-related needs or taking responsibility for appropriately arranging ~~health-care~~ for health-related services provided by other qualified health care professionals and providers of medical and nonmedical health-related services. This responsibility includes ~~health~~ health-related care at all stages of life including provision of preventive care, acute care, chronic care, preventive services long-term care, transitional care between providers and settings, and end-of-life care. This responsibility includes whole-person care consisting of physical health care including but not limited to oral, vision, and other specialty care, pharmacy management, and behavioral health care.

d. Coordination and integration of care. Care is coordinated and integrated across all elements of the complex health care system and the patient's community. Care coordination and integration provides linkages to community and social supports to address social determinants of health, to engage and support patients in managing their own health, and to track the progress of these community and social supports in providing whole-person care. Care is facilitated by registries, information technology, health information exchanges, and other means to assure that patients receive the indicated care when and where they need and want the care in a culturally and linguistically appropriate manner.

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Sec. 176. Section 135.159, subsections 1, 9, and 11, Code 2013, are amended to read as follows:

1. The department shall administer the medical home system. The department shall collaborate with the department of human services in administering medical homes under the medical assistance program. The department shall adopt rules pursuant to chapter 17A necessary to administer the medical home system, and shall collaborate with the department of human services in adopting rules for medical homes under the medical assistance program.

9. The department shall coordinate the requirements and activities of the medical home system with the requirements and activities of ~~the a dental home for children as described in section 249J.14, and.~~ The department shall recommend financial incentives for dentists and nondental providers to promote oral health care coordination through preventive dental intervention, early identification of oral disease risk, health care coordination and data tracking, treatment, chronic care management, education and training, parental guidance, and oral health promotions for children. Additionally, the department shall establish requirements for the medical home system to provide linkages to accessible dental homes for adults and older individuals.

11. ~~Implementation phases.~~

a. ~~Initial implementation shall require participation in the medical home system of children~~ The department shall collaborate with the department of human services to make medical homes accessible to the greatest extent possible to all of the following no later than January 1, 2015:

(1) Children who are recipients of full benefits under the medical assistance program. ~~The department shall work with the department of human services and shall recommend to the general assembly a reimbursement methodology to compensate providers participating under the medical assistance program~~

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~~for participation in the medical home system.~~

~~b. The department shall work with the department of human services to expand the medical home system to adults~~

~~(2) Adults who are recipients of full benefits under the medical assistance program and the expansion population under the IowaCare program. The department shall work with pursuant to section 249A.3, subsection 1.~~

~~(3) Medicare and dually eligible Medicare and medical assistance program recipients, to the extent approved by the centers for Medicare and Medicaid services of the United States department of health and human services to allow Medicare recipients to utilize the medical home system.~~

~~e. b. The department shall work with the department of administrative services to allow state employees to utilize the medical home system.~~

~~d. c. The department shall work with insurers and self-insured companies, if requested, to make the medical home system available to individuals with private health care coverage.~~

~~d. The department shall assist the department of human services in developing a reimbursement methodology to compensate providers participating under the medical assistance program as a medical home.~~

~~e. Any integrated care model implemented on or after July 1, 2013, that delivers health care to medical assistance program recipients shall incorporate medical homes as its foundation. The medical home shall act as the catalyst in any such integrated care model to ensure compliance with the purposes, characteristics, and implementation plan requirements specified in section 135.158 and this section, including an emphasis on whole-person orientation and coordination and integration of both clinical services and nonclinical community and social supports that address social determinants of health.~~

Sec. 177. Section 249A.3, subsection 1, Code 2013, is

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amended by adding the following new paragraph:

NEW PARAGRAPH. v. (1) Beginning January 1, 2014, in accordance with section 1902(a)(10)(A)(i)(VIII) of the federal Social Security Act, as codified in 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), is an individual who is nineteen years of age or older and under sixty-five years of age; is not pregnant; is not entitled to or enrolled for Medicare benefits under part A, or enrolled for Medicare benefits under part B, of Tit. XVIII of the federal Social Security Act; is not otherwise described in section 1902(a)(10)(A)(i) of the federal Social Security Act; is not exempt pursuant to section 1902(k)(3), as codified in 42 U.S.C. § 1396a(k)(3), and whose income as determined under 1902(e)(14) of the federal Social Security Act, as codified in 42 U.S.C. § 1396a(e)(14), does not exceed one hundred thirty-three percent of the poverty line as defined in section 2110(c)(5) of the federal Social Security Act, as codified in 42 U.S.C. § 1397jj(c)(5) for the applicable family size.

(2) Notwithstanding any provision to the contrary, individuals eligible for medical assistance under this paragraph "v" shall receive coverage for benefits pursuant to 42 U.S.C. § 1396u-7(b)(1)(B); adjusted as necessary to provide the essential health benefits as required pursuant to section 1302 of the federal Patient Protection and Affordable Care Act, Pub. L. No. 111-148; adjusted to provide prescription drugs and dental services consistent with the medical assistance state plan benefits package for individuals otherwise eligible under this subsection; and adjusted to provide habilitation services consistent with the state medical assistance program section 1915(i) waiver.

(3) (a) For individuals whose income as determined under this paragraph "v" is at or below one hundred percent of the federal poverty level, covered benefits under subparagraph (2) shall be administered consistent with program administration

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under this subsection.

(b) For individuals whose income as determined under this paragraph "v" is above one hundred percent but not in excess of one hundred thirty-three percent of the federal poverty level, covered benefits shall be administered through provision of premium assistance for the purchase of covered benefits through the American health benefits exchange created pursuant to the Affordable Care Act, as defined in section 249N.2.

Sec. 178. Section 249A.3, subsection 2, paragraph a, subparagraph (7), Code 2013, is amended to read as follows:

(7) Individuals who are receiving state supplementary assistance as defined by section 249.1 ~~or other persons whose needs are considered in computing the recipient's assistance grant.~~

Sec. 179. Section 249J.26, subsection 2, Code 2013, is amended to read as follows:

2. This chapter is repealed ~~October~~ December 31, 2013.

Sec. 180. Section 426B.3, as enacted by 2012 Iowa Acts, chapter 1120, section 137, is amended by adding the following new subsection:

NEW SUBSECTION. 5. *a.* For the purposes of this subsection, "Medicaid offset amount" means the projected amount for a fiscal year that would have been paid from a county's services fund for those services for persons eligible under the county's approved service management plan that would be non-Medicaid services, but due to the persons' enrollment in the Iowa health and wellness plan established under chapter 249N, those services are instead covered under chapter 249N.

b. For the fiscal year beginning July 1, 2013, and succeeding fiscal years, the department of human services shall calculate a Medicaid offset amount for each county for the fiscal year. The department shall adopt rules in consultation with the county finance committee specifying the information to be used in calculating a Medicaid offset amount. The

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information shall include but is not limited to identification of specific services and supports that would otherwise be payable by the county for persons eligible under a county's approved service management plan but are instead paid by the Iowa health and wellness plan. The amount calculated for a county shall be subject to review by the auditor of that county or subject to independent audit. The Medicaid offset amounts calculated by the department for a county for a fiscal year are not official until certified by the director of human services and submitted to the governor and general assembly by October 15 immediately following the end of the fiscal year for which the offset amounts were calculated.

c. The Medicaid offset amounts certified for each county by the director of human services for the fiscal year beginning July 1, 2013, shall be annualized by doubling the amounts. For the fiscal year beginning July 1, 2014, a county shall repay the state from any equalization payment due the county for the fiscal year, eighty percent of the county's annualized Medicaid offset amount for the fiscal year beginning July 1, 2013. To the extent a county's repayment obligation for the fiscal year beginning July 1, 2014, exceeds the amount of any equalization payment due the county for the fiscal year, the county shall, for the following fiscal year, reduce the dollar amount of the county's services fund levy by the amount of the excess.

d. For the fiscal year beginning July 1, 2015, and succeeding fiscal years, a county shall repay the state from any equalization payment due the county for the fiscal year, eighty percent of the county's Medicaid offset amount certified for the previous fiscal year. To the extent a county's repayment obligation for a fiscal year exceeds the amount of any equalization payment due the county for that fiscal year, the county shall, for the following fiscal year, reduce the dollar amount of the county's services fund levy by the amount of the excess.

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e. A county's repayment pursuant to this subsection shall be remitted on or before January 1 of the fiscal year in which repayment is due and shall be credited to the property tax relief fund. Moneys credited to the property tax relief fund in accordance with this paragraph are subject to appropriation by the general assembly to support mental health and disability services administered by the regional system.

Sec. 181. MEDICAID OFFSET STUDY. The legislative council is requested to direct a new or existing legislative interim committee to study the provisions for implementing a Medicaid offset amount and repayments under section 426B.3, subsection 5, as enacted by this division of this Act during the 2013 legislative interim. The interim committee shall be directed to consider the potential effects of the repayment provisions on the ability of the mental health and disability service regions to adequately fund the initial core services and additional core services under section 331.397, and to make recommendations to address funding insufficiencies.

Sec. 182. ADVISORY COUNCIL FOR STATE INNOVATION MODELS INITIATIVE.

1. No later than thirty days after the effective date of this division of this Act, the legislative council shall establish a legislative advisory council to guide the development of the design model and implementation plan for the state innovation models initiative grant awarded by the Centers for Medicare and Medicaid of the United States department of health and human services. The legislative advisory council shall consist of members of the general assembly, members of the governor's advisory committee who developed the grant proposal, and representatives of consumers and health care providers, appointed by the legislative council as necessary to ensure that the process is comprehensive and provides ample opportunity for the variety of stakeholders to participate in the process.

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2. The legislative advisory council shall provide oversight throughout the development process, shall receive periodic progress reports from the department of human services, and shall make recommendations regarding integrated care models and implementation strategies for the medical assistance program presented by the department of human services.

3. The department of human services shall develop the integrated care model based on the goals and strategies and model designs included in the state innovation models initiative grant application to improve patient outcomes and satisfaction, while lowering costs, as follows:

a. Goals.

(1) Ensure the coordination of health care delivery for medical assistance program recipients to address the entire spectrum of an individual's physical, behavioral, and mental health needs by targeting at a minimum population health, prevention, health promotion, chronic disease management, disability, and long-term care.

(2) Emphasize whole-person orientation and coordination and integration of both clinical and nonclinical care and supports, to provide individuals with the necessary tools to address determinants of health and to empower individuals to be full participants in their own health. The health care delivery model shall focus on addressing population health through primary and team-based care that incorporates the attributes of a medical home as specified in chapter 135, division XXII.

(3) Ensure accessibility of medical assistance program recipients to an adequate and qualified workforce by most efficiently utilizing the skills of the available workforce.

(4) Incorporate appropriate incentives that focus on quality outcomes and patient satisfaction, to move from volume-based to value-based purchasing.

(5) Provide for alignment of payment methods and quality across health care payers to ensure a unified set of outcomes

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and to recognize, through reimbursement, all provider participants in the integrated system of care.

b. Strategies and model design.

(1) A strategy to implement a multipayer integrated care model methodology across primary health care payers in the state, by aligning performance measures, utilizing a shared savings or other accountable payment methodology, and integrating an information technology platform to support the integrated care model. The strategy shall ensure statewide adoption of integrated care for the medical assistance population; explore the role of managed care plans and expansion of managed care in the medical assistance program as part of the integrated care model; address the special circumstances of areas of the state that are rural, underserved, or have higher rates of health disparities; and seek the participation of the Medicare population in the integrated care model.

(2) A strategy to incorporate long-term care and behavioral health services for the medical assistance population into the integrated care model, through integration of community health and community prevention activities.

(3) A strategy to address population health and health promotion, by investing in approaches to influence modifiable determinants of health such as access to health care, healthy behaviors, socioeconomic factors, and the physical environment that collectively impact the health of the community. The strategy shall address the underlying, pervasive, and multifaceted socioeconomic impediments that medical assistance recipients face in being full participants in their own health.

(4) A multiphase strategy to implement a statewide integrated care model to maximize access to health care for medical assistance program recipients in all areas of the state. The strategy shall incorporate flexible integrated care model options and accountable payment methodologies

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for participation by various types of providers including individual providers, safety net providers, and nonprofit and public providers that have long experience in caring for vulnerable populations, into the integrated system.

(5) Implementation of a stakeholder process. In addition to the oversight and input provided by the legislative advisory council, the department shall hold public, local listening sessions throughout the state, collaborate with consumer groups and provider groups, and partner with other state agencies such as the department on aging and the department of public health to elicit input and feedback on the model design.

(6) Development of a multipayer approach including the medical assistance and children's health insurance programs, private payers, and Medicare.

(7) Oversight of the administration of the model design project.

(8) Engagement of providers beyond the large, integrated health systems to maximize access to all levels of care within an integrated model program by medical assistance recipients.

4. The department shall submit proposed legislation specifying the model design and implementation plan to the advisory council no later than December 15, 2013.

Sec. 183. LEGISLATIVE INTERIM COMMITTEE ON INTEGRATED CARE MODELS.

1. a. A legislative interim committee on integrated care models is created for the 2013 legislative interim. The legislative services agency shall provide staffing assistance to the committee.

b. The interim committee shall include at least ten members of the general assembly and may include members of the public appointed by the legislative council who represent consumers, health care providers, hospitals and health systems, and other entities with interest or expertise related to integrated care models. The interim committee may also include the director of

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human services, the commissioner of insurance, the director of public health, and the attorney general, or each individual's designee.

2. The interim committee shall do all of the following:

a. Review and make recommendations relating to the formation and operation of integrated care models in the state. The models shall include any care delivery model that integrates providers and incorporates a financial incentive to improve patient health outcomes, improve care, and reduce costs.

b. Review integrated care models created in other states that integrate both clinical services and nonclinical community and social supports utilizing patient-centered medical homes and community care teams as basic components to determine the feasibility of adapting any of these models as a statewide system in Iowa.

c. Recommend the best means of providing care through integrated delivery models throughout the state including to vulnerable populations and how best to incorporate safety net providers, including but not limited to federally qualified health centers, rural health clinics, community mental health centers, public hospitals, and other nonprofit and public providers that have long experience in caring for vulnerable populations, into the integrated system.

d. Review the progress of the development of medical homes as specified in chapter 135, division XXII, in the state and make recommendations for development of a statewide infrastructure of actual and virtual medical homes to act as the foundation for integrated care models.

e. Review opportunities under the federal Patient Protection and Affordable Care Act (Affordable Care Act), Pub. L. No. 111-148, as amended, for the development of integrated care models including the Medicare Shared Savings Program for accountable care organizations, community-based collaborative

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care networks that include safety net providers, and consumer-operated and oriented plans. The interim committee shall also review existing and proposed integrated care models in the state including commercial models and those developed or proposed under the Affordable Care Act including the Medicare Shared Savings Program and the Pioneer ACO to determine the opportunities for expansion or replication.

f. Address the issues relative to integrated care models including those relating to consumer protection; payment and financing issues; organizational, management, and governing structures; performance standards; patient attribution or assignment models; health information exchange, data reporting, and infrastructure standards; and regulatory issues.

3. The interim committee shall present a summary of its review and recommendations in a report to the 2014 session of the general assembly.

Sec. 184. MALPRACTICE CERTIFICATE-OF-MERIT AFFIDAVITS STUDY. The legislative council is requested to establish an interim study committee, composed of members of the senate and the house of representatives, to meet during the 2013 interim, to study the submission of certificate-of-merit affidavits by plaintiffs and defendants in malpractice actions and limitations on the number of expert witnesses that may be called by both plaintiffs and defendants involving health care providers. The study committee shall present its conclusions and recommendations in a report to the 2014 session of the general assembly.

Sec. 185. EMERGENCY RULES. The department of human services may adopt administrative rules under section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b", to implement the provisions of this division of this Act and the rules shall become effective immediately upon filing or on a later effective date specified in the rules, unless the effective date is delayed by the administrative rules review

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committee. Any rules adopted in accordance with this section shall not take effect before the rules are reviewed by the administrative rules review committee. The delay authority provided to the administrative rules review committee under section 17A.4, subsection 7, and section 17A.8, subsection 9, shall be applicable to a delay imposed under this section, notwithstanding a provision in those sections making them inapplicable to section 17A.5, subsection 2, paragraph "b". Any rules adopted in accordance with the provisions of this section shall also be published as notice of intended action as provided in section 17A.4.

Sec. 186. DIRECTIVES TO DEPARTMENT OF HUMAN SERVICES.

1. Upon enactment of this division of this Act, the department of human services shall request federal approval of a medical assistance state plan amendment or section 1115 demonstration waiver, as necessary, to implement this division of this Act effective January 1, 2014. The state plan or waiver shall include a provision specifying that if the methodology for calculating the federal medical assistance percentage for eligible individuals as defined in section 249N.1, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation, in a manner that reduces the percentage of federal assistance to the state in a manner inconsistent with 42 U.S.C. § 1396d(y), or if federal law or regulation affecting eligibility or benefits for the Iowa health and wellness plan is modified, the department of human services shall implement an alternative plan for coverage of the affected population, subject to prior, statutory approval of the implementation.

The state plan or waiver shall also include a provision that if the methodology for calculating the federal medical assistance percentage for eligible individuals, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation resulting in a reduction of the percentage

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of federal assistance to the state below ninety percent but not below eighty-five percent, the medical assistance program reimbursement rates for inpatient and outpatient hospital services shall be reduced by a like percentage in the succeeding fiscal year, subject to prior, statutory approval of implementation of the reduction.

2. The director of human services shall report at least monthly, and upon request of a chairperson of the joint appropriations subcommittee on health and human services, to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, the legislative services agency, and the legislative caucus staffs on the progress of the request for federal approval.

3. The department shall prepare a plan for the transition of expansion population members under chapter 249J to other health care coverage options beginning January 1, 2014. To the greatest extent possible, the plan shall maintain and incorporate the existing medical home and service delivery structure developed under chapter 249J, including the utilization of federally qualified health centers, public hospitals, and other safety net providers, in providing access to care. The department shall submit the plan to the governor and the general assembly no later than September 1, 2013.

4. The provisions in appropriations made in this Act to the medical assistance program relating to abortion shall also apply to the Iowa health and wellness plan created in chapter 249N as enacted in this Act.

Sec. 187. EFFECTIVE UPON ENACTMENT AND CONTINGENT IMPLEMENTATION. This division of this Act, being deemed of immediate importance, takes effect upon enactment. However, the department of human services shall implement the sections of this division of this Act enacting chapter 249N, and section 249A.3, subsection 1, paragraph "v", and amending section 426B.3, effective January 1, 2014, contingent and only upon

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receipt of federal approval of the state plan amendment or
waiver request submitted under this division of this Act.>

ON THE PART OF THE SENATE:

ON THE PART OF THE HOUSE:

JACK HATCH, CHAIRPERSON

DAVE HEATON, CHAIRPERSON

JOE BOLKCOM

MARK COSTELLO

AMANDA RAGAN

JOEL FRY